

Western  Graduate&PostdoctoralStudies

Western University
Scholarship@Western

Electronic Thesis and Dissertation Repository

3-6-2020 1:00 PM

Telling Stories: Intersections of Paralympic Bodies with High-Performance Sport

Nancy H. Quinn
The University of Western Ontario

Graduate Program in Kinesiology

A thesis submitted in partial fulfillment of the requirements for the degree in Doctor of Philosophy

© Nancy H. Quinn 2020

Follow this and additional works at: <https://ir.lib.uwo.ca/etd>



Part of the [Anthropology Commons](#), [Disability Studies Commons](#), [Leisure Studies Commons](#), and the [Sports Studies Commons](#)

Recommended Citation

Quinn, Nancy H., "Telling Stories: Intersections of Paralympic Bodies with High-Performance Sport" (2020). *Electronic Thesis and Dissertation Repository*. 6955.

<https://ir.lib.uwo.ca/etd/6955>

This Dissertation/Thesis is brought to you for free and open access by Scholarship@Western. It has been accepted for inclusion in Electronic Thesis and Dissertation Repository by an authorized administrator of Scholarship@Western. For more information, please contact wlsadmin@uwo.ca.

Supervisor

Misener, L.

The University of Western Ontario

Abstract

Using ethnographic methodology, my dissertation research examined the experiences of members of the para sport community with high-performance sport. The intent of the research was to capture the many voices of the Paralympic community and privilege their experience of high-performance sport. Historically the lived experience of sport and competition of para sport ‘insiders’ has not been foregrounded in the sport science literature but for a few noteworthy exceptions (Berger, 2008; Howe 2008, 2017; McMaster, Culver, & Werthner, 2012). Ethnographic methods were used for data collection including interviews with and participant observation of para sport athletes and their entourage. Data collection took place at Commonwealth Games XXI, held at Gold Coast, Australia in 2018. As a sport medicine professional and veteran of high-performance sport including multiple Paralympic Games, my positionality is that of insider-outsider throughout the research. Initially, the research explored medicalized spaces and the embodiment of medical encounters during competition. The emergent nature of ethnographic research indicated the importance of sporting spaces on the experiences of inclusion and exclusion at these Games. Because of the integrated model of competition utilized by Commonwealth Games, exploration of athlete and non-athlete perspectives regarding integration was material to the project. The findings of this project reveal that medicalized assumptions around impaired bodies and athletic ability persist. Subtle acts of ableism impact the lived experience of high-performance for para sport insiders and continue to inform sporting spaces and practices. The realization of integration of para and able-bodied sport requires active pursuit, committed leadership and trustworthy knowledge of the experience of para sport athletes and others whose lives are intimately informed by para sport.

Keywords

para sport, impairment, integration, spatiality, high-performance, ethnography

Lay Summary

My Doctoral research explored the experiences of members of the para sport community within the context of high-performance sport. The focus of the project was to highlight the voice and perspectives of a variety of members of the para sport community to better understand some of the socio-cultural factors that impact high-performance para sport. Historically, too little research has examined experience of impairment and athleticism from the perspective of para sport insiders. Data collection took place at Commonwealth Games XXI hosted at Gold Coast, Australia in 2018. Research methods included interviews with and observation of para sport athletes, sport administrators, health care professionals, spectators and Games volunteers. As a sport physiotherapist and veteran of multiple Paralympic Games, the research focused on medical encounters between para sport athletes and medical professionals. However, as the research progressed, the event space in which the Games took place became significant due to its ability to include/exclude members of the para sport delegation. Commonwealth Games are an integrated Games where para and able-bodied athletes compete concurrently. Because of this, exploration of the para sport experience of integration in sport was material to the project. The research findings suggest that social assumptions around impaired bodies and athletic ability persist. These assumptions equate bodily impairment with flawed or lesser athletic ability. These attitudes continue to impact medical encounters, to privilege able-disabled athletes, and influence how event spaces are built. Finally, many non-athletes believe that integration is a positive trend in high-performance sport. In sharp contrast with this finding, interviews with para sport athletes themselves indicate highly diverse and potentially divisive opinions regarding the merits of integration in sport.

Co-Authorship Statement

The research presented in this dissertation was conducted as part of the requirements necessary to complete my doctoral program of study. The information presented in this document is my own original work. However, I wish to explicitly acknowledge the contributions of my supervisor Dr. Laura Misener, and members of my advisory committee, Dr. David Howe and Dr. Michael Heine. Although I am the primary author of this work, this research project would not have been possible without editorial and IT support, as well as abundant psycho-social fortification of many family members, friends, and professional colleagues.

Acknowledgments

Research is formalized curiosity. It is poking and prying with a purpose.

Zora Neale Hurston

I must thank my supervisor Dr. Laura Misener for her enthusiasm and support of my research interests throughout my Doctoral studies. She has generously shared her expertise and time with me as well as much needed guidance and an abundance of good humour. The space created by Dr. Misener for me has fostered much growth, personally and as researcher. I have great admiration for Dr. Misener. She is genuinely committed to her students and her research interests, specifically the social impact of elite para sport and sporting events.

A warm thank you to the other members of my thesis committee, Dr. David Howe and Dr. Michael Heine. Your willingness to share your time, and academic experience is much appreciated. I have much admiration for your respective head spaces and exceptional gifts of language.

I would like to express my gratitude to the Graduate Department of Kinesiology at Western University for affording a very ‘mature’ graduate student like me, the opportunity to ‘poke and pry with purpose’, in pursuit of my Doctorate.

Jo Ann Ward has lovingly kept my professional career intact for the last twenty- five years, for which I am forever grateful. To the people I work with at Quinn Rehab Services, including staff and clients, many thanks for your interest and encouragement along the way.

To Marshall Quinn and Bayley Quinn, I love you as I do no one else. Thank you for seeing me through all that life has brought, including this PhD.

Lastly to my beloved Eric Taves. Thank you for choosing to privilege what is important to me in your world. My life is rich and full with you in it.

Table of Contents

Abstract	ii
Lay Summary	iii
Co-Authorship Statement.....	iv
Acknowledgments.....	v
Table of Contents	vi
List of Abbreviations, Symbols, Nomenclature.....	x
List of Tables	xi
List of Figures	xii
List of Appendices	xiii
Chapter 1	1
1 Telling Stories: Intersections of Paralympic Bodies with High Performance Sport.....	1
1.1 Introduction.....	1
1.2 Overview of the Dissertation Research.....	2
1.3 Layout of Dissertation.....	3
1.4 Research Objective and Questions.....	4
1.5 Positionality of the Researcher	5
1.6 Conceptual Framework.....	7
1.6.1 Head Space and Sporting Spaces	8
1.6.2 Transformation of Sporting Spaces	9
1.7 References	11
Chapter 2	13
2 Context for the Research: Literature and Methodology.....	13
2.1 Introduction.....	13
2.2 Review of the Literature	13

2.2.1	A Historical Overview of Elite Para Sport	13
2.2.2	Sociology of the Impaired Body	16
2.2.3	Spatiality and Disability.....	18
2.2.4	Integration in Sport	20
2.3	Methodology	22
2.3.1	Ethnography	22
2.3.2	Ethics Approval of the Research.....	24
2.3.3	Data Collection, Recruitment Strategies, and Participants	25
2.4	Contextualization of Articles of Dissertation	29
2.4.1	First Article: Investigating the Nexus of Paralympic Sport with Medicine	29
2.4.2	Second Article: Too Many Chairs: Spatiality and Disability in Integrated Sporting Spaces.....	31
2.4.3	Third Article: All for One and One for All? Integration in High- performance Sport.....	33
2.5	References	35
Chapter 3	.....	40
3	Article One: Investigating the Nexus of Paralympic Sport with Medicine	40
3.1	Introduction.....	40
3.2	Theoretical Approaches to Disability	42
3.3	Disability in Sporting Practice	45
3.4	Interrogations in Sport and Disability	47
3.5	Narratives of Sport Medicine and Paralympic Bodies.....	48
3.6	Medicalization of Impaired Bodies.....	50
3.7	Final Reflections and Conclusions.....	58
3.8	References	60
Chapter 4	.....	64

4	Second Article: Too Many Chairs: Spatiality and Disability in Integrated Sporting Spaces	64
4.1	Introduction.....	64
4.2	Theoretical Perspective	66
4.3	Research Context and Design	69
4.3.1	Data Collection	70
4.3.2	Analysis.....	71
4.3.3	Presentation of Research Findings.....	71
4.4	Spatiality and Disability: Pools, Pubs, and Pianos	71
4.5	Critical Considerations of Athletes’ Right to The Village.....	80
4.6	Conclusions.....	85
	Chapter 5.....	87
5	Article Three: All for One and One for All? Integration in High-performance Sport. 87	
5.1	Introduction.....	87
5.2	Integration in and through Sport.....	88
5.3	Methodology	92
5.3.1	Data Collecting Strategies, Recruitment, and Participants	93
5.4	Findings.....	95
5.4.1	The “Wicked” Cost of Integration	95
5.4.2	Does Size Matter?	98
5.4.3	Conflicting Perspectives and Integration	101
5.5	Discussion: From Research to Practice.....	105
5.5.1	Ableization of para sport events	105
5.5.2	Event size as a constraint	106
5.5.3	Tensions around integration.....	107
5.6	Practical Implications.....	108

5.6.1	Offsetting ableization.....	108
5.7	Significance and Conclusions	109
5.8	References	111
Chapter 6	.....	115
6	Discussion: Preaching from the Choir: Ethnography and Ableism in Sport	115
6.1	Introduction.....	115
6.2	Preaching from the Choir: Ethnography and Voices	115
6.2.1	Polyvocality	116
6.2.2	Self-Ethnography	117
6.2.3	Field Notes and Head Space	118
6.3	Ableism in Contemporary Sport Medicine	120
6.3.1	The Stealth of Subtle Ableism	120
6.4	Research Outcomes.....	126
6.5	References	128
Chapter 7	.....	132
7	Conclusions: From Research to Practice.....	132
7.1	Introduction.....	132
7.2	From Research to Practice	132
7.2.1	Applications and Tools	132
7.2.2	Ethnography and Sport Science	133
7.3	Conclusions.....	134
7.4	References	137
Appendices	.....	139
Curriculum Vitae	.....	162

List of Abbreviations, Symbols, Nomenclature

ATDP	Attitudes Toward Disabled Persons Scale
CASEM.....	Canadian Academy of Sport and Exercise Medicine
GC2018	Gold Coast 2018
CG	Commonwealth Games
CGA	Commonwealth Games Associations
CGC	Commonwealth Games Canada
CGF	Commonwealth Games Federation
CMAJ	Canadian Medical Association Journal
CMO	Chief Medical Officer
DH	Dining Hall
GOLDOC	Gold Coast Commonwealth Games Organizing Corporation
HST	Health Science Team
II	intellectual impairment
IPC	International Paralympic Committee
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer + Community
PI	physical impairment
SO	Special Olympics
WWI.....	World War 1

List of Tables

Table 1. A Summary of Interview Participants	27
Table 2: Overview of Participant Characteristics and Involvement with Athletes with PI and II.	144

List of Figures

Figure 1: Sporting Space: Head Space and Transformation	11
Figure 2: The Iterative Nature of Ethnographic Research	24
Figure 3: An Ethnographic Map of <i>The Village</i>	25
Figure 4: A Summary of Para Sport Facts of Commonwealth Games XXI.....	28

List of Appendices

Appendix A: Sport Medicine Professionals' Attitudes Regarding Athletes with Physical/Intellectual Impairment	139
Appendix B: Letter Of Information	154
Appendix C: Recruitment Poster	156
Appendix D: Written Consent for Participation in a Research Interview	157
Appendix E: Summary of Gold Coast 2018 Games Issues for CGF	159
Appendix F: Ethics Approval	161

Chapter 1

1 Telling Stories: Intersections of Paralympic Bodies with High Performance Sport

1.1 Introduction

A series of fortunate circumstances placed me on the medical team of Team Canada at the 1996 Paralympic Games in Atlanta, Georgia. I met a community of people with diverse physical impairments. These people were also high-performance athletes, passionate about competitive sport, winning, and when the win was not to be had, maximizing performance. These athletes travelled the world, trained hard and competed fiercely. They danced, drank, parented, married, divorced, pursued careers while living with physical impairment and social marginalization.

Excerpt from self-ethnography/Nancy Quinn

The excerpt above is an appropriate introduction to my research described in this dissertation. I am an experienced, sport physiotherapist with twenty-three years of involvement with high-performance sport, at multiple national and international competitions. Engagement with Paralympic sport and the Paralympic movement has dominated my own high-performance career. As the data above reflects, at the 1996 Paralympic Games I met a sporting community committed to high-performance sport who led lives with and/or intimately informed by bodily impairment. Regrettably and to my surprise, I also discovered that sporting and social marginalization is an everyday experience for some members of the Paralympic community.

The research I conducted for my dissertation explores the lived experience of high-performance sport from the perspective of a variety of insiders of the para sport community. Informed by DePauw's work (1997), my research centralizes the subjective bodily experience of para sport, by privileging the voices and perspectives of members of the para sport community during competition. By foregrounding the high-performance

experiences of this sporting group, my research contributes to scholarly understandings of the intersection of high-performance sport and impaired sporting bodies (Howe, 2017) and potentially to the democratization of high-performances spaces (DePauw, 1997; Smith, 2017).

Athletes, sport medicine professionals, coaches, administrators and fans of para sport were recruited to participate in the project, in order to capture the sporting experiences of many important para sport stakeholders. A priority of my work was to make research space for the multiple and diverse perspectives of high-performance, emphasizing the heterogeneity of membership and perspectives of the elite para sport community. By highlighting the diversity that exists in the para sport community, there is potential to “moves towards a lifeworld” (Howe, 2017, p. 1) or in the case of my research, a sporting world where difference is celebrated.

Insufficient scholarly work exists that has effectively harnessed the potential of the embodied experience of high-performance para sport. Notable exceptions include the work of retired athletes Peers (2009, 2012) and Howe (2008, 2017) and allies (Berger, 2008; McMaster, Culver, & Werthner, 2012). My longstanding engagement with Paralympic sport as a sport medicine professional has informed my research, specifically around the embodied experience of medicalized spaces and encounters. My research interests regarding the opportunities and drawbacks of the integrated model for high-performance sport is a product of personal engagement with both sporting cultures, able-bodied and para.

1.2 Overview of the Dissertation Research

Qualitative inquiry and ethnographic methodology were selected for the research, to forefront and explore the in-Games perspective of important stakeholders from within the high-performance para sport community (Cresswell, 2007; Howe, 2008, 2017). The voices and embodied experiences of these insiders are essential to informing the practice and evolution of high-performance para sport (Purdue & Howe, 2012). Often the voices of the para sport athlete and their entourage are too quiet, and their perspectives absent from critical conversations regarding elite para sport (Smith & Sparkes, 2008).

The purpose of my dissertation research was to examine the embodied experience of high-performance sport of multiple, key stakeholders and consider the broader socio-cultural constructs that shaped and informed these perspectives. Throughout the research, the experience of the para sport athlete was foregrounded whenever possible (Snow, 2018; Campbell, 2015; Smythe & Murray, 2000), while valuing the perspectives of diverse non-athlete personnel whose sporting lives are informed by para sport. Non-athletes who participated in the research included medical professionals, sport administrators, spectators and Games volunteers.

Support for the research provided by Commonwealth Games Canada (CGC) allowed me to conduct primary data collection during Commonwealth Games XXI. CGC facilitated much needed access to *The Athletes' Village*, venues and Opening Ceremonies. I owe a debt of gratitude to CGC for facilitating this research project, including a daily 'foot in the door' of *The Village* for these Games. Because Commonwealth Games Federation (CGF) adopted an integrated model for competition in 2002, where high-performance athletes with and without impairment compete concurrently, the embodied experience of integration was material to the research.

1.3 Layout of Dissertation

My dissertation is presented in an integrated article format. The three articles included in the dissertation are a representation of the original research conducted during my Doctoral studies. My dissertation is comprised of seven chapters. Chapter One provides an overview of the research and outlines the layout of the dissertation document. The research objectives that underpin the project and specific research questions are described. The conceptual framework that informed my research, titled *Sporting Space: Headspace and Transformation* is presented in this chapter.

Chapter Two includes a review of the extant literature that was pertinent to the project, pulling from a variety of academic disciplines that intersect within the research. These disciplines include history of elite para sport, sociology of the impaired body, and spatiality and disability. A description of the research methodology is provided. With ethnographic research, the impact of the subjectivity of the researcher cannot be

overstated. Therefore, my positionality as health care professional with involvement with Paralympic sport will be also be addressed in this chapter. An overview of each of the three articles that comprise the body of the dissertation is also presented.

Following this, Chapters Three, Four, and Five represent the three articles described in Chapter Two. The decision to use an integrated article approach for my dissertation introduces the potential for some degree of repetition in the three articles. In Chapter Six, I discuss the significance of the research findings and the realized outcomes from the research at this writing. Chapter Seven concludes with my reflections regarding future research and opportunities for knowledge transfer, which are fueled and informed as much by the research process as the product of my doctoral work.

1.4 Research Objective and Questions

The objective of my research was to make space to hear the voices and foreground the lived experience of high-performance sport of those with membership in the para sport community. Whenever possible, the voice and perspective of the para sport athlete was privileged. As noted earlier, these voices and perspectives of high-performance sport remain underrepresented in the literature of both disability studies and sport sciences. Influenced by the work of Howe (2008, 2017) and Peers (2008, 2012), I chose to utilize ethnographic methods for data collection and analysis. Choosing to do so, placed para sport insiders in a position of authority regarding their experience, as owners of their personal stories of sport, impairment, and disability (Smith & Sparkes, 2008). By foregrounding the personal experiences of members of the para sport community including athletes, administrators, medical professionals, fans and Games personnel at these Games, new understandings of the broader socio-cultural realities that shape and inform high-performance para sport are realized.

My positionality as a sport physiotherapist influenced my initial approach to the research. Subsequently, the primary research question guiding this examination was:

How do high-performance para sport insiders experience athleticism and bodily impairment within the culture of sport medicine and the broader culture of elite sport?

At the outset of this project, the focus of my research was to examine the embodied experience of the medical encounter and medicalized spaces. However, as the research project took shape and evolved, several sub-questions became relevant and were explored. The articles selected for inclusion in my dissertation are the progeny of three corollary research questions that developed during data collection and analysis. Broadly, the corollary research questions outlined below correspond to the articles included in the dissertation:

1. How do medicalized assumptions about the body and ability impact medical encounters between sport medicine professionals and elite para sport athletes during competition?
2. How does the spatiality of The Athletes' Village of the Commonwealth Games impact the embodied experience of the para sport contingent in an integrated sporting space?
3. How do members of the para sport community experience the integrated model of sport in the high-performance environment and what practices contribute to the experience of inclusion and exclusion?

It is important to reiterate the materiality of the research objective. Hearing and privileging the many voices of those with membership in the para sport community including the voice of the para sport athlete' was the original catalyst for the project. This overarching objective also holds this evolving body of knowledge together.

1.5 Positionality of the Researcher

Because researcher subjectivity materially impacts ethnographic research, I will be explicit regarding my own subjectivity and positionality. My positionality impacts not only the approach to the research, but the desired outlets for the papers included in the

dissertation and other research outcomes of the project. I am a fifty-ish year old female and do not live with impairment. I am not a high-performance athlete. I am a sport physiotherapist and have been involved with high-performance sport for approximately twenty-five years. I have had the privilege of attending six Paralympic Games as a member of Team Canada's Health Science Team (HST). My early family life and post-secondary education fashioned a post-positivist view of the world. As a rehabilitation professional, I began my clinical career fully informed by the medical model of disability. Physical disability was the result of biological dysfunction, that required a fix or rehabilitative modification, to make the body more normal. In 1996, I attended my first Paralympic Games in Atlanta, Georgia. I have remained engaged with Paralympic sport nationally and internationally, and my world view has shifted dramatically.

Paradigmatically, I am a social constructionist. I try to make sense of the meaning others have about the world (Creswell, 2007). My assumptions regarding bodily impairment and disability are now much more socially informed. My own narrative, like any other, is incoherent, replete with potential to reconstitute dominant narratives regarding sport, impaired bodies, and disability (Smith and Sparkes, 2008).

Because of my history with Paralympic sport, I consider myself to be an insider-outsider in the community of high-performance para sport. As a non-athlete, I am an outsider. As well, I do not share the lived experience of physical impairment and social disability. My longstanding involvement, however, with the world of Paralympic sport has provided multiple and sustained opportunities to develop a perspective of my own from inside the community of high-performance para sport. I identify as an ally of the para sport community and share a collective desire to "identify and pursue mutual rights and affirmations" (Helstein, 2005) for para sport athletes in the sporting arena.

The different outlets for the three papers presented in Chapters Three, Four and Five reflect my evolving narrative. As a health care professional, I am committed to making social change regarding the practice of medicine and rehabilitation. As an ally of the Paralympic community, I want my research to contribute to transforming sporting headspace and practices...

“to see sport and athlete with a disability without seeing any contradiction, without assuming a physical liability, stigma, or deformity, and without assuming an impaired athletic performance”
(DePauw, 1997, p. 428).

1.6 Conceptual Framework

The conceptual framework for this dissertation was built upon the foundation of understanding sport medicine professionals’ attitudes towards athletes with impairment. At an initial stage of the research process, I conducted a research project in my own sport medicine community. While it is not a good fit within the body of this dissertation, the article explains the foundations for my conceptual thinking. See Appendix A, an article titled *Sport Medicine Professionals’ Attitudes Regarding Athletes with Physical/Intellectual Impairment*.

Because of my relationship with the Canadian sport medicine community, I was provided an opportunity to explore current attitudes of my sport medicine peers regarding athletes with impairment. In June of 2017, I surveyed members of the Canadian Academy of Sport Medicine (CASEM) regarding their experiences with and attitudes towards athletes with physical (PI) and intellectual impairment (II). The findings from the CASEM survey confirmed that medicalized assumptions regarding impaired bodies and diminished athletic ability continue to inform the head space and practice of some current Canadian sport medicine professionals (Hughes, 2000; Lupton; 2012; McArdle, Meade & Burrows, 2018). The survey indicated that athletes with intellectual impairment (II) are impacted more so by medicalized understandings of bodily impairment and sporting ability. These findings have substantially influenced the direction of my subsequent research, and knowledge transfer I intend for the research findings. The results of the CASEM survey reinforced the powerful impact of a medicalized head space on medical encounters with athletes with impairment. As well, medicalized head space around impaired sporting bodies and ability continues to inform clinical and sporting spaces. Future research and critical dialogue are necessary to better understand the head space of sport medicine professionals, which may clarify expectations that athletes and sport medicine professionals bring to medicalized encounters. Clarity regarding medicalized head space

around sport and impaired sport bodies will inform an unpacking of power dynamics during these encounters. Reflecting on my research, I suggest that understanding head space of those who occupy powerful spaces in the world of high-performance sport is critical to the embodied experience of the para sport insider. Informed by research that values the voice and experience of important para sport stakeholders, conversations about sport medicine encounters, locations of sport, and models of sporting competition have potential to be transformative.

The three articles chosen for inclusion in my dissertation share a common methodological thread, that is ethnography. Ethnographic research locates the researcher as active participant in the research process and co-creator of the findings (Coffey, 1999). The findings from my auto-ethnographic research project, which is presented in Chapter Three provided evidence that medicalized assumptions about athletes with impairment persist in Paralympic sport and the practice of sport medicine. When I reflected on these findings, I questioned if this was a historical finding and should be not be generalized to the practice of contemporary para sport and sport medicine.

The conceptual framework for this dissertation research evolved with the project and the process of knowledge translation. As the practice of ethnography is emergent and iterative (Spradley, 1979), so was and is the construction of this conceptual framework. Informed by the findings from the CASEM survey and the act of writing the three papers included in my dissertation, two conceptual elements became apparent. Firstly, head space or dominant attitudes around able-bodied sport remain entrenched in high-performance culture and practices. Secondly and equally as significant, sporting spaces when informed by the embodied experience of para sport have potential to be locations of social transformation.

1.6.1 Head Space and Sporting Spaces

I use the concept of head space to frame my and others' understandings of high-performance sport. The notion of head space is not simply imagination, but rather "it is akin to the type of sight you have when your eyes are closed, where the world seems to be *inside you*, and simultaneously present with other outward images. It is not only a

layering of an internal, constructed *imagination* with an external *real* situation...but also an effect using the full spatiality” (Petralia, 2010). It is not dissimilar to Habermas’ lifeworld which is about shared meanings and understandings that enable us to perform actions. However, my understanding of head space concerns itself with dominant ideologies reflected in the words and actions of people, including my own. High-performance head space continues to be dominated by a headspace that value able-bodiedness and equate the impaired body with impaired performance. The head space that many stakeholders bring to the practice of high-performance remains rooted in biological essentialism, a way of thinking that continues to privilege non-impaired bodies (Hughes, 2000). This head space is informed by ableist logic, a product of scientific and medicalized understandings of disability. Ableism as described by Linton (1998) is a perspective in which the non-disabled experience is central and dominant. Ableism refers to the assumptions and practices that situate the experience of able-bodiedness as normal. The non-abled body is therefore abnormal and imbued with an inferiority of form and ability (Campbell, 2009, 2012). The papers presented in this dissertation affirm that often, more subtle forms of ableism (Silva & Howe, 2017) dominate the contemporary head space of sport administrators, sport medicine professionals and sport scientists. According to Howe (2017), those who practice a brand of subtle ableism, “may not be anti-disabled, but rather pro-non-disabled” (p. 8).

1.6.2 Transformation of Sporting Spaces

The dynamic interplay between physical space and social attitudes or head space that inform the built environment is important to the conceptual framework of this research (Packer, McKercher, & Yau, 2007). The reciprocal relationship between head space and physical space creates potential to transform sporting spaces. Smith’s (2017) discussed the potentiality of event spaces, even spaces that are temporary, to reflect specific social values. In the case of sporting spaces where high-performance para sport takes place, potential to be locations of equity, inclusivity and diversity, for all members of the sporting community exists. If spaces for training, competition, spectatorship, and sport administration are explicitly informed by a head space that espouses these values, these sporting spaces will be transformed to reflect these values. Smith (2017) posited that the

potential of event spaces is realized by ‘loosening’ the historical social values connected with a given space. As with *communitas*, athletes and other sporting personnel share the many rituals associated with sport and with a major sporting event (Turner, 1969; Murphy, 1987). Social mores shift, behaviours change, often reflecting greater intimacy and emotionality between members of the group. In the case of a sport, the intimate, shared experience of high-performance sport can also loosen social conventions. Sporting spaces can be transformed to temporarily reflect greater social equality for less powerful athletes and people in the sporting environment. As Smith indicated (2017), the transformation of sporting spaces into locations of *communitas* may be transient, lasting only as long as the sporting event.

Critical to the conceptual framework of the research and to the transformation of sporting spaces is knowledge of the embodied experience of para sport (DePauw, 1997; Howe 2008, 2017; Peer 2008, 2012). Without knowledge of the subjectivity of members from the para sport community, the dominant narrative or head space of high-performance sport remains undisrupted. The lived experience of para sport insiders can disrupt ableist ideologies that inform the head space of elite sport, a head space that prefers able-bodiedness and under-values the athletic excellence of para sport. By making space in our research to hear the narratives of para sport athletes and their entourage, the head space of high-performance is can think critically about sporting spaces where high-performance trains, lives and competes.

Figure 1 is an infographic regarding the conceptual framework titled sporting Spaces: head space and Transformation

- Helstein, M. (2005). Rethinking Community: Introducing the “Whatever” Female Athlete. *Sociology of sport journal* 22(1):1-18.
- Howe, P. D. (2008) *The Cultural Politics of the Paralympic Movement: Through the Anthropological Lens*. London: Routledge.
- Howe, P. (2017). Athlete, anthropologist and advocate: moving towards a lifeworld where difference is celebrated. *Sport in Society*: 1-11.
- Hughes, B. 2000. Medicine and the Aesthetic Invalidation of Disabled People. *Disability and Society* 15 (4): 555-568.
- Linton, S. (1998). *Claiming Disability: Knowledge and Identity*. New York: NYU Press.
- Murphy, R. (1987) *The Body Silent*. London: W.W. Norton.
- Packer, T. L., McKercher, B., & Yau, M. K. (2007). Understanding the complex interplay between tourism, disability and environmental contexts. *Disability and Rehabilitation*, 29(4): 281-292.
- Peers, D. (2009). (Dis) empowering Paralympic histories: absent athletes and disabling discourses. *Disability & Society*, 24(5): 653-665.
- Peers, D. (2012). Interrogating disability: the (de)composition of a recovering Paralympian. *Qualitative Research in Sport, Exercise and Health*, 4(2):175-188.
- Petralia, P.S. (2010) *Headspace: Architectural Space in the Brain*, *Contemporary Theatre Review*, 20 (1): 96-108, DOI: 10.1080/10486800903453061
- Silva and Howe, 2017. The cyborgification of Paralympic sport. *Movement & Sport Sciences - Science & Motricité*, 97: 17 –25.
- Smith, A. (2017). Animation or denigration? Using urban public spaces as event venues. *Event Management*, 21: 609–619.
- Smith, B. & Sparkes, A.C. (2008). Narrative and its potential contribution to disability studies. *Disability & Society*, 23(1):17-28.
- Smythe, W.E. & Murray, M.J. (2000). Owning the story: Ethical considerations in narrative research. *Ethics and Behaviour*, 10(4): 311-336.
- Snow, K. (2018). What Does Being a Settler Ally in Research Mean? A Graduate Students Experience Learning from and Working Within Indigenous Research Paradigms. *International Journal of Qualitative Methods* Volume 17: 1–11
- Spradley, J. P. (1979). *The ethnographic interview*. Waveland Press
- Turner, V. (1969). *Ritual Process: Structure and Anti-Structure*. Cornell: University Press.

Chapter 2

2 Context for the Research: Literature and Methodology

2.1 Introduction

Chapter Two includes a review of the existing literature that guided my dissertation research and is considered throughout my thesis. Research methodology is presented and a brief outline of each of the three articles that comprise Chapters Three, Four, and Five of this integrated article dissertation follows.

2.2 Review of the Literature

In this section, I present a review of multiple bodies of literature that provide the theoretical framework for my research. The nexus of four bodies of scholarly literature provide the foundation upon which this multi-article dissertation is constructed. The theoretical framework of my work can be found in four specific disciplines of study: elite para sport, sociology of the impaired body, spatiality and disability, integration in sport.

2.2.1 A Historical Overview of Elite Para Sport

Though all histories are contested, I present one version of the history and evolution of contemporary para sport. Knowledge of the origins and some of the history of para sport is fundamental to my work and to understanding contemporary practices around elite para sport. Sport for those with impaired hearing, also known as Deaf sport, can be traced back to the early 1900's, a by-product of the mass institutionalization of people with hearing impairment (Mason, 2012). In the years following World War I (WWI), sport was introduced and incorporated into rehabilitative medicine practices and settings. However, disability sport scholars fix the 1940's as the birthdate of disability sport and recognize Dr. Ludwig Guttman as the 'founding father' of disability sport (Mason, 2012). In 1943, Dr. Guttman, a German neurologist, established The Stoke Mandeville Hospital in Great Britain. At Stoke Mandeville, sport was considered as integral to the rehabilitation of WWII veterans and civilians with spinal cord injuries. Dr. Guttman believed that sport could be a powerful tool for both psychological and physiological recovery of the severely injured. Between 1948 and 1960, The International Stoke

Mandeville Games, the predecessor of the Paralympic Games, grew to include 350 athletes from 22 nations. These Games provided the framework for international multi-sport competition for athletes with impairment. Of interest, Dr. Guttman was a proponent of a model of disability sport that valued participation rather than competitiveness. He regarded participants at The Stoke Mandeville Games as patients rather than athletes.

2.2.1.1 Models for High-performance Para Sport

2.2.1.1.1 The Paralympic Games

In 1960, the first modern Paralympic Games, the pinnacle of high-performance para sport, took place in Rome, Italy. Following these Games, a summer Paralympic Games took place every four years coinciding with the year and time of the Summer Olympic Games. In 1976, the first winter Games for athletes with impairment was hosted in Örnköldsvik, Sweden. These Games were known as the First Winter Olympic Games for the Disabled. It was not until 1988 that the term ‘Paralympic’ was officially introduced and adopted for future winter and summer Games. ‘Paralympic’ is an amalgam of the root word ‘Olympics’ and the English prefix ‘para.’ The intention of the word ‘Paralympic’ is to indicate that the sporting movement for high-performance para sport has historically evolved ‘alongside’ the Olympic movement (www.ipc.org).

In 2001, Dr. Bob Steadward, a Canadian and president of the International Paralympic Committee (IPC), and IOC President Juan Antonio Samaranch signed “The One Bid, One City” agreement. This agreement committed future potential host cities/municipalities to the staging of both the Olympic and the Paralympic Games (Misener & Molloy, 2018). Though heralded as a boon to the credibility of high-performance para sport, ‘The One City, Two Games’ agreement contractually entrenched the separateness of these two events. This separateness was ensured by the contract itself, whereby the Paralympic Games would occur following the Olympic Games. Greater economic dependency of the IPC also extended control of the IOC regarding future competition models for the Olympic and Paralympic Games (Purdue, 2013).

2.2.1.1.2 The Commonwealth Games

The Commonwealth of Nations is an association of 54 member states, and many but not all, were historically colonies of the British Empire. At present, members of this political association are united by the shared values of democracy, equality, and the rule of law (<http://www.commonwealthofnations.org>). The mandate of The Commonwealth Games Federation (CGF) is to be...

responsible for the direction and control of the Commonwealth Games and Commonwealth Youth Games, and for delivering on the vision of the Commonwealth Sports Movement: to build peaceful, sustainable and prosperous communities globally by inspiring Commonwealth Athletes to drive the impact and ambition of all Commonwealth Citizens through Sport (<https://thecgf.com>).

In 1911, the antecedent to the Commonwealth Games known as the Inter-British Empire Games took place to honour the coronation of King George V. These Games involved four competing nations including Canada, Australasia, South Africa and England. Given the success of the event, The Commonwealth Games Federation (CGF) was created to plan, oversee, and administer an international multi-sport event with athlete representation from nations belonging to the Commonwealth of Nations. The modern version of the Commonwealth Games (CG) began 1930 and was hosted by Hamilton, Canada. Since 1930, Commonwealth Games have taken place every four years apart from 1942 and 1946. The Games were cancelled because of WWII.

In contrast to the Olympic-Paralympic model where separate events showcase the athleticism of athletes with and without impairment, Commonwealth Games Federation (CGF) have adopted an integrated approach to high-performance sport. Since 2002, para sport athletes from participating nations enjoy the same rights and responsibilities of competition as their able-bodied teammates. Para and non-para events belong to a single competition schedule. Importantly, medals won by a nation's para sport contingent are included in the medal count of each nation which is often seen as a key marker of

success. Driven by the values espoused by The Commonwealth of Nations, CGF has been at the forefront of integrated high-performance sporting practices and events.

Material to my research is that the very genesis of para sport is rooted in medical authority and medicalized assumptions about sport and disability. Knowledge of disability has historically been the domain of the medical profession, a profession that possesses both the expertise and the social authority necessary for the organization and categorization of bodies (Malcolm & Safai, 2012). Although systems of classification used to categorize para sport athletes have evolved substantially since the 1980's (Jones & Howe, 2006), biological essentialism and medically based criteria remain embedded in the system (Tweedy, & Vanlandewijck, 2011). Medicalized understandings around impairment and disability are also responsible for the dominant social assumption that equates disability with physical incapacity (Hughes, 2000). The article presented in Chapter 3 confirms that medical and rehabilitation practices continue to impact contemporary, high-performance para sport, inclusive of the integrated model of participation as implemented by CGF. Some understanding of the background of both high-performance models of competition, separate and distinct and the integrated model employed by CGF, is a useful backdrop to my research project. The mutualistic and somewhat contentious relationship that has existed between the IPC and the IOC also serves to frame the research.

2.2.2 Sociology of the Impaired Body

As the body is integral to the practice of sport, the embodied experience of high-performance sport is the bedrock of my research. Medicalized understandings of the body continue to inform lay understandings regarding healthy and non-healthy bodies, able-bodies and less able-bodies. Historically medicalized assumptions regarding impaired bodies are rooted in the medical model of disability. In this model, impairment and disability are synonymous and equate to incapacity. Medical understandings privilege the non-impaired body and locate the body with impairment as non-normal and less able. As understood by medicalized professions, physical disability is not only the result of individual biological difference, but rather a “million natural disasters striking so many unfortunate” (Titchkosky, 2012). This theoretical lens problematizes impaired bodies,

identifies impairment and disability as a single construct, and both are tragic. Undue focus on the biology of impairment blinds society to social practices, relationships, and environments that prevent bodies with impairment from full participation in social life (Thomas, 2002).

Hughes (2000) argued that impaired bodies are disabled by a world that is constructed by environmental, sociocultural, and everyday norms that ignore the lived experience of bodily difference. Before discussing other social theoretical approaches, I acknowledge the work of feminist scholars who are responsible for the reintroduction of the body to sociological inquiry. Similarly, queer theorists have more recently foregrounded the intersection of the body that identifies as LGBTQ+ and lives with impairment (McRuer, 2006). When theorized via a more social lens, impairment and disability are related but distinct entities. Impairment is the very real bodily difference that impacts bodily function and how the body interacts with in the world. Disability is the result of navigating the social world with an impaired body. Disability is the consequence of the impaired body's interactions with the broader world. When disability is understood in this way, social spaces and practices can be informed and constructed by assumptions that participation in social life is an elemental human right.

In 1997, DePauw articulated the impact of biological essentialism on the dominant view of the sporting body, a view that privileges vigorous (read: able-bodied), masculine bodies. An extension of her thesis, the medicalized body, also a product of biological essentialism, should afford consideration to myriad of social criteria that act on the body including gender, race, ethnicity, sexuality, class, and impairment. DePauw (1997) called for a reconceptualization of bodies as dynamic social constructions, products of culture, temporality, and history. By re-considering social understandings of bodies and rejecting binary notions of male/female and abled body/disabled body, democratization of the experience of all sporting bodies is possible. The work of retired Paralympic athletes like Peers (2009, 2012) and Howe (2008, 2017) provide valuable, contemporary insight regarding the subjectivity of the impaired body in spaces of high-performance sport.

This summary of the literature illustrated how medical and social understandings of disability bring substantially different theoretical lenses to issues of impaired bodies and social participation for those living with impairment. Chapter Three explores how contemporary medicalized assumptions regarding impairment and ability continue to influence the athlete and the embodied experience of high-performance sport. Making space in my research to centralize the perspective of impaired sporting bodies was and remains the primary objective of the research. Therefore, the substantial influence of a medicalized approach to disability and more social understandings of the impaired body in sport is a material thread in each of the three papers in this dissertation.

2.2.3 Spatiality and Disability

The third section of the literature review considers spatiality and its potential to construct or mitigate the construction of disability. At the outset of the project, I had not adequately considered the impact of spatiality in the context of the research. However, reflecting on the research objective, which is to foreground the voice and embodied experience of para sport insiders in the high-performance environment, I was shortsighted. Sporting spaces are elemental to the embodied experience of high-performance sport and therefore to my research.

The significance of spatial analyses that produce knowledge and enhance understanding of the experience of race, gender, sexuality, and ethnicity within the built environment is well documented (Freidman & van Ingen, 2011). These authors provided a summary of the literature regarding space and race, space and gender and queer space. Yet, no mention was made of the impact of spatiality and the embodied experience of disability. Specific to sport, McGillivray, McPherson and Misener (2017) examined the geographies of disability at major sporting events. The authors contrasted the impact of sporting space on the experience of disability during two sporting events; one event embraced an integrated model for athlete participation in which para sport and able-bodied athletes competed concurrently, and the second event adopted a model of separateness that was exclusive to competition for high-performance para sport athletes. As a limitation of the work, the authors noted the absence of the para sport athlete's personal experience of these spaces.

To consider the exclusionary and inclusionary nature of space, I revisit the social model of disability. The social model clearly differentiates between impairment and disability. Impairment is a function of biological difference, whether the difference be sensory, physical, or intellectual. According to the social model, disability, however, is socially constructed by the norms and values of the specific culture, often, a non-impaired culture (Davis, 1993; Hahn, 1996; Goggin & Newell, 2003). Culturally and socially, bodily impairment is considered non-normative. Consequently, assumptions that locate the non-impaired body as normative inform the construction of social spaces that, subsequently, exclude bodies with impairment and negatively impact social participation.

In the context of sport, little social science work has been done that specifically examines the experience of sporting spaces with respect to the lived experience of para sport. It is important to acknowledge the work of Sainsbury (2008) who examined the spatiality of The Paralympic Village constructed for the Sydney Paralympic Games (2000). However, the experience of the Paralympic athlete within *The Village* was not highlighted in this research. The anthology compiled by Bale and Vertinsky (2004) provides a variety of diverse essays that critically examine human relationships in sporting spaces, ranging from gymnasium to locker room to mountain peak. The essays consider the struggles over and in sporting spaces informed by gender, race, masculinity and nationhood. Absent from the anthology is scholarly work around spatiality in the context of para sport, and the human relationships of para sport insiders within spaces of sport.

As I prepared to do my dissertation research, I identified Commonwealth Games XXI as a unique and important space for consideration. The integrated nature of a Commonwealth Games presented a remarkable opportunity to explore how spatiality of the Games can be inclusionary or exclusionary for members of the para sport contingent. By doing so, the research also addresses a gap in the literature regarding the impact of sporting spaces on the high-performance experience of para sport insiders.

Sporting spaces have the potential to include and exclude those who train, play, work, and compete in these spaces. Some understanding of the theoretical ideas regarding spatial analysis and the impact of space on the experience of high-performance sport is

necessary. The voice and perspective of para sport insiders regarding inclusion and integration within the Games is considered in Chapters Three and Four respectively. The spatiality of *The Village* was material to the experience of inclusivity and integration for para sport insiders who participated in the research.

2.2.4 Integration in Sport

The fourth and final section of the literature review that informed my dissertation is the concepts of integration in sport, specifically the inclusion of para sport and athletes with mainstream, able-bodied sport. Given CGF's commitment to an integrated model of competition, Commonwealth Games XXI was a highly relevant location to conduct research regarding the experience of integration of the para sport community. I remain indebted to Commonwealth Games Canada (CGC) for access to these Games to conduct data collection, and to CGF for their continued interest in my work.

Winnick's (1987) five-step sport integration continuum helped to establish a framework for more contemporary understandings of integration in sport. The continuum identifies five levels of integration ranging from adapted sport that is segregated from the mainstream, to a sporting environment, where athletes with impairment are integrated in 'regular sport'. Berry's (1997) theory of acculturation has also been used by numerous scholars to examine the integration of para sport and able-bodied sport (e.g. Kitchin & Howe, 2014; Kitchin & Crossin, 2018). Many of these scholars discovered that assimilation, though imperfect was the likely outcome of integrated processes and potentially the most effective survival mechanism for para sport. Problematic however, assimilation resulted in the exclusion of athletes with higher support needs in an integrated model. The work of Misener and Molloy (2018) considered the potentialities and pitfalls of integrating the organizing committees that govern high-performance able-bodied and para sport, specifically the Olympic and Paralympic Games. These scholars concluded that although integration holds promise regarding efficient use of Games related resources, integration poses substantial risk to the Paralympic movement. The likely outcome of administrative integration of these two Games was assimilation of Paralympic Games within the more dominant culture of the Olympic Games.

Sport is still often considered a driver of social integration in other contexts (Rich et al., 2015). Hartmann's work (2017) focused on newcomers within a culture and considered the ways in which sport is and can be used for social integration. Hartmann's work, like Berry's theory of acculturation (1997) and Winnick's continuum (1987), identified multiple stages and degrees of successful integration. Hartmann (2017) reinforced that mutual commitment to integration of both the dominant and non-dominant groups is needed to actualize successful integration. The literature regarding social inclusion of minority groups through integration in sport emphasized the complexities of pursuing and achieving social integration through sport (Berry, 1997; Winnick, 1987) and placed strong emphasis on the *process* of integration.

Common to the literature regarding integration in and through sport is confusion regarding the language of integration. For the purposes of my doctoral research, I adopted a definition of integration that is an amalgam derived from the work of Berry (1997) and Howe (2009). Throughout the dissertation, integration in sport is conceptualized as the "intermixing of peoples previously segregated" (Howe, 2009, p.148) where reciprocal adaptation of both sporting groups results (Berry, 1997). Integration in sport remains a priority at many levels, with CGF at the forefront of integrated sporting practices, little research has been conducted regarding the experience of integration in high-performance sport of those with membership in the para sport community.

The integrated model for elite competition is highly relevant considering that the movement towards inclusion and integration of sport is occurring at many levels of sport including the International Paralympic Committee (IPC; Howe, 2007; Legg, 2015, 2018; Purdue, 2013). CGF's commitment to integration in sport coupled with the opportunity to conduct data collection at Commonwealth Games XXI, knowledge of some of the literature regarding integration in and through sport is foundational to my dissertation work. Knowledge of the perspectives of the para sport delegation at Commonwealth Games XXI around integration addresses a gap in sporting scholarship and has potential to effectively inform the theory and practices of the integrated sporting environment.

2.3 Methodology

In relation to alternate forms of inquiry, qualitative inquiry is “more comprehensible as a site or arena for social scientific criticism where debates about aims of the human sciences unfold and where issues of what it means to know the social world is explored” (Schwandt, 2003). For this reason, I chose to use qualitative inquiry for my research. I believe that our world is a social construction, favours some more than others, and, in fact, disadvantages specific groups of people. Informed by the discipline of disability studies, I bring a human rights-based approach to my research. Critical to my work is the nexus of the personal experience of the impaired sporting body with the very public lived experience of disability in high-performance sport. A rights-based approach challenges ableist ideology which inform and shape our world, inside and outside of the sporting arena and disrupts assumptions that pathologize bodily difference. Accommodation of human variation and equality for people with bodily difference in all areas of life are championed through a human rights-based approach to disability (Reaume, 2014).

I concur with DePauw (1997) in that “the lens of disability allows us to make problematic the socially constructed nature of sport and once we have done so, opens us to alternative construction, actions, and solutions” (p. 428).

2.3.1 Ethnography

Leading up to the 2015 Toronto Para Pan Games, I wrote an article for the University of Toronto newspaper, *The Varsity*, regarding my years of involvement with Paralympic sport. I attempted to write a scholarly article and submitted the article to the communications contact at the university, who soundly rejected the piece. She convinced me that there was value in the story of my personal, sustained experience with Canadian and international Paralympic sport. With some reservation, I re-wrote the article in accordance with her recommendations. The article was published in *The Varsity* and *The Toronto Star*. So began my experience with self-ethnography.

This research project marked my first engagement with ethnography and its associated methods. Spradley’s (1979) work indicated that everybody is a carrier of culture, and I too carried an individualized cultural experience of Paralympic sport. I began to

understand that ethnographic methodology can effectively privilege the embodied experience of sport and potentially “illuminate sociocultural meaning of personal experience and connecting personal with the social” (Chang, 2016, p. 444). I recognized that, given this approach to qualitative inquiry, the researcher is not only an active participant but an instrument of the research (Coffey, 1999; Howe, 2008, 2017; Peers, 2009, 2012; Spradley, 1979). Because of the centrality of the researcher and the co-constructed nature of ethnographic research, I understood the necessity of critical reflexivity on the part of the researcher (Finlay, 2002).

My initial understanding of ethnographic methodology conflicted with my primary research objective, which was to make central the voice and perspective of important insiders within the elite para sport athlete community. I could not reconcile the notion of ‘researcher as instrument’ and knowledge co-creation with foregrounding the embodied perspectives of athletes and sport personnel whose voices are often absent from sport science and dialogue. However, when I reviewed my field notes maintained during data collection at Commonwealth Games XXI, I am reminded how significant and fortuitous a decision this was:

I am learning to “capture” the voice of the para sport athlete and their entourage. My ‘three P’s’ of ethnographic research have paid off: present, patient, and persistent. Few of the athletes that I have talked with were directed to do so by any gatekeeper. I had to be here. As days in The Village passed, I became a familiar face and they began to willingly share their thoughts and perceptions. I was extremely skeptical regarding ethnography when David (Howe) spoke to me about it as a possible methodology. Now I consider it to be a powerful, credible way to gather information. Ask, wait, watch, ask again, listen!

Ethnography is concerned with understanding the meaning of specific events to the people of a specific culture (Spradley, 1979). With origins in the field of anthropology, ethnography is responsible for the interpretive turn in qualitative research, whereby the researcher plays an active role in data analysis and interpretation of the findings

(Creswell, 2007). Succinctly summarized, ethnographic research is characterized by the intimate study of a small community or culture; in the case of my research, it involves the study of the community of high-performance para sport (Howe, 2017).

Historically, ethnographic methods include participant observation, interviews, and assessment of cultural artifact (Creswell, 2007). Ethnographic research is synonymous with field work. The research process takes place in situ, located within the culture or community of study. In contrast with positivist and post positivist paradigms, the researcher is an active participant in the research process and acknowledges the values and assumptions she/he brings to the research. As a result, the research is co-constructed by the researcher and the research participants. Because of the impact of the researcher's subjectivity, critical reflexivity is an integral element of ethnographic methodology (Spradley, 1979; Coffey, 1999; Finlay, 2002; Creswell, 2007). Ethnographic research is an iterative process, where the tasks of 'discovery, description and interpretation' (Spradley, 1979; Coffey, 1999) are ongoing and occur simultaneously. The schematic derived from the work of Spradley included below was instrumental to my own understanding of the iterative nature of ethnographic analysis.

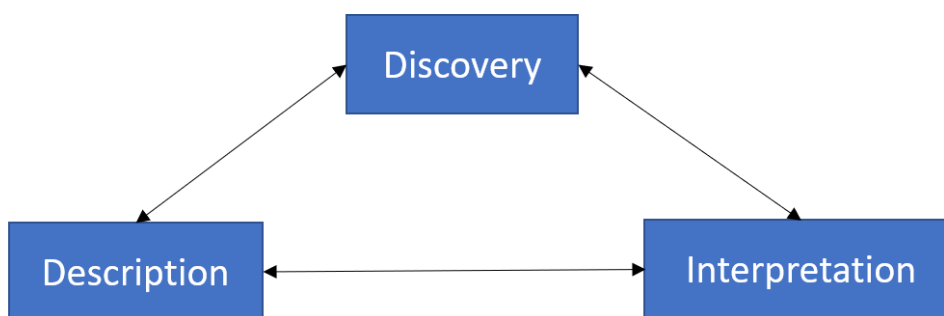


Figure 2: The Iterative Nature of Ethnographic Research

2.3.2 Ethics Approval of the Research

The research project was approved by the Research Ethics Board at Western University in London, ON, CA. (See Appendix F)

2.3.3 Data Collection, Recruitment Strategies, and Participants

Data collection for this project occurred within a space referred to as The Athletes' Village. *The Village* was comprised of residential and commercial buildings, streets, and green spaces. Much of the infrastructure of *The Village* space was temporary, including multiple flagpoles flying flags of competing delegations, Games specific signage, bundles of above-ground communication wires, temporary fencing, and large tents and trailers. *The Village* was purposefully created to serve as a temporary 'home' to athletes and critical members of their entourage including some medical staff, coaches and administrative personnel. Residential buildings were re-purposed and sold commercially after the event. Figure 3 is an ethnographic map of *The Village* that provide contexts as to the research location.

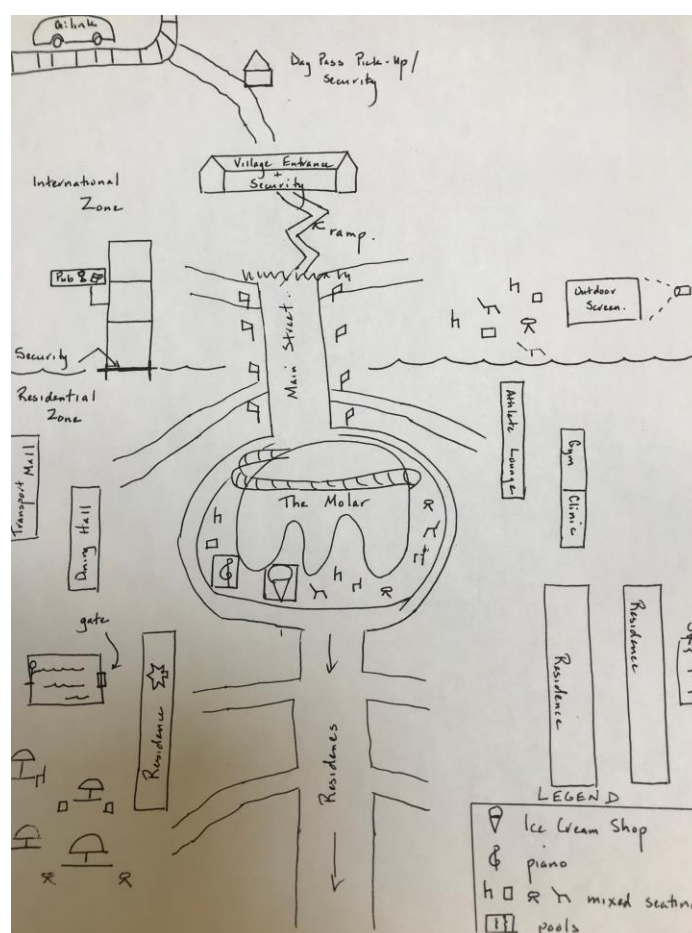


Figure 3: An Ethnographic Map of *The Village*

Smith (2017) discussed the use of public spaces as event spaces, and the potential of these spaces to reflect desired event-specific social values. Smith posited that although spaces like *The Village* are temporary, the transitory transformation of an event space can contribute to more fundamental change by ‘loosening’ social understanding of the values ascribed to a given space. In the case of *The Village*, a sporting space constructed to house all athletes of the Commonwealth Games XXI, there is potential to disrupt hegemonic notions of able-bodiedness in sport and to enhance social inclusivity sporting spaces.

I travelled to Gold Coast, Australia to conduct data collection for this project during Commonwealth Games XXI with the support of CGC. I had daily access to *The Village*, arriving at 0800hr and leaving at 2000hr. I had access to The Residential Zone, which is the area of *The Village* that served as home to the 6,600 athletes and Games insiders including health care professionals, administrators, coaching and technical staff. The Residential Zone included apartment and town house complexes, a large Dining Hall (DH), The Athlete Lounge, The Polyclinic, multiple sites for casual dining and socialization, host/delegation specific administration buildings, a large Village Green, and several retail shops. A veteran of multiple high-performance Games and events, I was able to navigate *The Village* with relative ease.

2.3.3.1 Research Participants

Of the 4,426 athletes who competed at the Games, 251 athletes were para sport athletes. Data were collected through ethnographic interviews with para sport athletes from multiple delegations, sustained observation, and my field notes. Written consent to interview and record interviews was obtained whenever possible (see Consent to Interview, Appendix D). In the absence of written consent, verbal consent was acquired. Go along interviews (Carpiano, 2009) and casual conversations with sport administrators, Games volunteers, spectators, and medical staff were carried out to broaden understandings of the in-Games lived experience of para sport athletes and associated personnel in the high-performance environment. Targeted or purposive recruitment was implemented to ensure a representative sample of para sport athletes including athletes

from multiple para sport events, athletes with diversity of impairment, and athletes from high and low resource nations.

Table 1 provides a summary of participants who took part in interviews. A brief description of their role at the Games is provided.

Name *	Role at Commonwealth Games XXI	Name*	Role at Commonwealth Games XXI
Fred	para sport athlete	Nick	sport scientist
Adam	para sport athlete	Alf	retired Olympian/spectator
Sam	sport administrator	Bill	retired Olympian/spectator
Alex	retired Paralympian/support staff	Karen	para sport athlete
Robin	retired Paralympian/coach	Howard	para sport athlete
Kory	para sport athlete	Jane	para sport athlete
Jamie	retired para sport athlete/coach	Ivan	para sport athlete
Neil	retired para sport athlete/coach	Lynda	sport scientist
Adam	para sport athlete	Christopher	sport administrator
Lyle	para sport athlete	Carly	sport scientist
Nora	retired Paralympian + Olympian/support staff	Greta	para sport athlete
Sally	health care professional	Iris	able-bodied athlete
Kevin	para sport athlete	Michael	health care professional
Todd	para sport athlete	Martin	coach
Jake	para sport athlete	Nancy	para sport athlete
Emily	para sport athlete	Robert	sport administrator
Vivian	Games volunteer		

Pseudonyms used to enhance privacy/confidentiality of participants

Table 1. A Summary of Interview Participants

Figure 4 provides a summary of para sport facts at Commonwealth Games XXI. Figure 3 is included with permission from Commonwealth Games Federation (CGF).

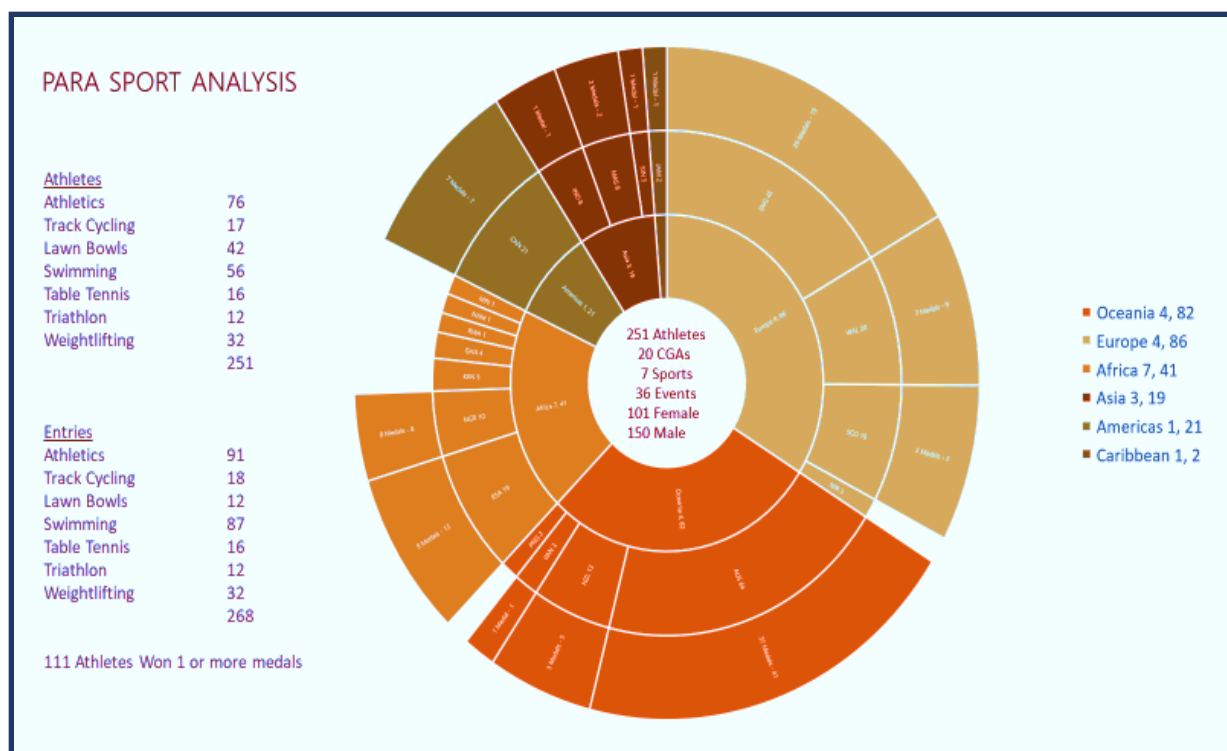


Figure 4: A Summary of Para Sport Facts of Commonwealth Games XXI

2.3.3.2 Recruitment Strategies

Pre-Games recruitment strategies included email contact with members of the Games organizing committee (GOLDOC), including the Chief Medical Officer (CMO), email/in-person contact with other academics conducting in-Games research, and email connect with members of the Canadian Paralympic Committee. I had on-going communication with CGC prior to the Games and throughout, and I disseminated a Letter of Information (Appendix A) regarding my research to non-athlete members of Team Canada. Once on-site, I distributed recruitment posters (Appendix C) to administration offices and medical clinics of larger delegations, and strategically hung recruitment posters throughout *The Village* (fitness facility, post office, Games polyclinic, Dining Hall (DH), Transportation Mall, The Athlete Lounge). During the Games, I repeatedly tried to connect with other potential gatekeepers, specifically coaching staff, Team Leaders, members of HST, sport administrators of attending delegations and with CGF. Practically, the most effective recruitment strategy was to approach athletes directly and provide information regarding my research project (see LOI/Appendix B).

2.3.3.3 Analysis

Qualitative thematic analysis was informed by the work of Holstein and Gubrium (2012). All data, which included interviews, casual conversations with non-athletes, observational data and my field notes, were transcribed verbatim. Data was carefully anonymized and fictitious names given to participants to maintain confidentiality. I read the transcript in its entirety and edited the original transcript for content determined to be non-essential to the study. A second transcript of the data was created. Recursive analysis of the second transcript, with a focus on words, phrases and broader concepts regarding the para sport athlete experience within the high-performance environment, was completed. From the analysis dominant, recurrent and significant themes were identified within the data. My original field notes, taken at the time of data collection and the unedited transcript of the full set of data were used to question, confirm, and guide the analytical process. While engaged in data analysis, I maintained a research diary to provide clarity and transparency with regards to decisions made throughout the process.

Dr. Misener, my Doctoral advisor served also in the role of critical friend (Smith & McGannon, 2017). She and I consulted frequently and systematically during data collection and analysis in order to critique my approach to the data and the emergent findings. I also discussed some of the research findings with members of the para sport community, including athletes and administrators, to ensure that my interpretation of the analyzed data reflected their own experience of in-Games high-performance sport.

2.4 Contextualization of Articles of Dissertation

2.4.1 First Article: Investigating the Nexus of Paralympic Sport with Medicine

Over twenty-three years of volunteerism with Paralympic sport, I had randomly and rather sporadically diarized my experiences of high-performance sport, including the six Paralympic Games and one Para Pan American Games I had attended. Encouraged by the professor who taught Qualitative Research Methods in the first year of my doctoral studies, I began to systematically maintain a reflexive journal of my para sport experiences (Rich & Misener, 2017). Smith and Sparkes (2008) contend that stories like

mine, a personal narrative of high-performance para sport medicine, are not simply personal. The personal can be socially powerful and culturally telling. Neville-Jan (2004) suggested that self-ethnography provided a method to connect the bodily experience of impairment with the social reality of disability. I do not live with impairment and am not a high-performance athlete. However, as Spradley (1979) wrote, “I was there”. I have lived much of my professional life intimately informed by high-performance para sport, impaired bodies and disability (Hughes, 2000). Through self-ethnographic research, a contemporary unpacking of medicalized understandings and assumptions regarding impaired bodies and high-performance resulted.

The contents of my personal journal became the data for the first article of this dissertation titled, *Investigating the Nexus of Paralympic Sport with Medicine*. The purpose of this research was to make space for a voice, my voice and perspective of twenty-three years of lived experience of Paralympic sport.

Integral to the research presented in the first article is the relationship between sport and the practice of medicine, a relationship that dates to the time Herodicus, the mentor of Hippocrates (Malcolm & Safai, 2012). Contemporary Paralympic athletes, like other high-performance athletes, rely on the expertise of sport medicine professionals for the maintenance of health, injury prevention, and to maximize performance (Lupton, 2012). Informed by a medicalized lens, some sport medicine professionals imbue the impaired sporting body with diminished ability. These understandings of impaired sporting bodies persist at the peril of the Paralympic athlete (Hughes, 2000).

Using self-ethnography as methodology, the research presented in the first article examined the embodied experience of the practice of sport medicine in the arena of Paralympic sport and generated critical insight into the intersection of sport medicine and Paralympic sport. The findings illustrate that medical theorization of disability continues to inform Paralympic sport and the practice of sport medicine. However, when informed by the embodied experience of Paralympic sport and medicine, potential for health care professionals to critique and contest their own ableist assumptions regarding impairment and athletic ability exists (Howe, 2008; Peers, 2012; Chang, 2016; Howe, 2017). The

article suggests too that the more socially informed, less medically entrenched practice of sport medicine can contribute to a positive shift of medicalized understandings of normative bodies, athleticism, and high-performance sport (Malcolm & Safai, 2012). This research re-confirmed the impact of qualitative inquiry and (self) ethnographic methodologies to make space for underrepresented stories from the practices of sport and medicine (Howe, 2008; Howe, 2017; Peers, 2012; Smith & Sparkes, 2008).

2.4.2 Second Article: Too Many Chairs: Spatiality and Disability in Integrated Sporting Spaces

The genesis for the second article occurred in the early days of data collection in *The Village* during Commonwealth Games XXI. Given my positionality as sport medicine professional and Paralympic Games veteran, the original focus of my research was to explore the embodied experience of in-Games medical encounters ‘from both sides of the bed’ (Lupton, 2012). I had not adequately considered the spatiality in which medical encounters occur, nor the interplay of medical head space and built space regarding medical encounters (Friedman & van Ingen, 2011). The scholarly work of many (Paris, 1993; Hughes, 2000; Lupton, 2012; McArdle, Meade, & Burrows, 2018) have provided substantial evidence around the medicalized lens or attitudes regarding bodily impairment and athleticism.

However, as the research progressed, interview and observation in *The Village* indicated that physical space substantially impacted in-Games medical encounters. The built environment influenced not only para sport athlete experience of medical professionals but the broader socio-cultural experience of the high-performance environment. The assemblage of data below re-focused my approach to subsequent data collection. In order to consider more specifically the import of spatiality regarding the Games experience of the para sport contingent, I probed during interviews and observed carefully the lived experience of the para sport contingent in different spaces within *The Village* (Packer, McKercher & Yau, 2007)

The Village is hilly.

Where are the posters of us?

We are too far from the Dining Hall.

It is wicked! There are too many chairs in the Dining Hall.

The pools are beautiful, but I can't open the gate without help.

The polyclinic was tight for space. It was hard to navigate in my wheelchair.

The purpose of the second article was to examine the spatiality of The Athletes' Village during Commonwealth Games XXI held on the Australian Gold Coast in 2018. Central to the research was the embodied perspective of the para sport insiders and their in-Games experience of inclusion and exclusion in elite sporting spaces. By valuing the perspective of this group, their voices and lived experiences authentically contribute to a growing body of literature regarding spatiality and para sport (Bale & Vertinsky, 2004; Dickson, Darcy, & Gadd, 2016; McGillivray, McPherson, & Misener, 2017). Ethnographic methodology and methods were utilized. Because of the integrated nature of the Commonwealth Games, *The Village* was deemed a significant space in which to consider how spatiality impacts the embodied experience of those engaged in elite para sport. My positionality as an insider-outsider allowed me to navigate *The Village* space with ease (Campbell, 2015).

The findings of the research are presented in an ethnographic vignette. Observational data, excerpts from interviews and my reflexive journal were utilized to construct the vignette, as well some elements of creative writing (Beuthin, Bruce, & Shields, 2015). Qualitative thematic analysis was conducted to discover dominant, recurring, and important themes with a focus on spaces of inclusion and exclusion within *The Village*. Important themes emphasized in the ethnographic vignette include significance of language and space, hyper-visibility of the body, and indoor vs outdoor spaces. *The Village Pub* and neighborhood pools scattered throughout *The Village* were examples of inhospitable spaces for impaired sporting bodies. Inaccessible construction and an experience of hyper-visibility of the impaired sporting body in some spaces negatively impacted social participation in the life of *The Village*. Outdoor spaces in contrast with indoor spaces temporarily transformed into spaces of equity and social ease for the para

sport contingent. Language and attitudes of Games personnel were also significant in the construction of spatial inclusion and exclusion. Attitudes or head space of Games personnel, health care professionals, and spectators as demonstrated by their choice of language around para sport and its athletes also impacted the social and cultural experience of *The Village* for members of the para sport community.

2.4.3 Third Article: All for One and One for All? Integration in High-performance Sport

The third article of this dissertation explores the experiences and opinions around the integrated model of high-performance, giving voice to a group of para sport insiders including athletes, sport administrators, health care professionals and Games personnel. An assumption common to many spectators of sport and some sport scientists is that integration of elite para and able-bodied sport is the preferred model for participation (Kiuppis, 2018; Howe, 2007). This preference may be due in part to the model's assumed potential to mitigate some of the inequities in sport experienced by athletes with impairment (Smith and Thomas, 2005).

However, is this assumption supported by the research? Substantial academic work has considered the opportunities and hindrances of integration of high-performance sport from multiple perspectives including; sport administrators, coaching staff, spectators of sport, and the media (Sorenson & Kahrs, 2006; Howe, 2007; Misener & Molloy, 2018; Smith & Thomas, 2005). However, missing from these critical conversations regarding the integrated model are the perspectives of some very significant stakeholders – para sport insiders including the athlete. The research presented in the third article attempts to mitigate this material gap in the literature.

Given CGF's commitment to the integrated model, Commonwealth Games XXI was an ideal location to critically examine the experience of integration in sport from the perspective of this sporting community. Data collection, which included semi-structured interviews, go along conversations, and sustained observation in situ, indicated that integration in high-performance sport was a topic of substantial interest to athletes and non-athletes alike. The lived experience of integration of participants who were para

sport athletes was highly diverse. Athletes' reasons for endorsement of the integrated model for high-performance competition were also varied. The data below, taken from interviews with para sport athletes illustrated the polarity of ideologies that informed athlete support of integration:

We are one people. We all belong to same family. The more we come together, the better we will understand this and the better off we all will be.

Fred, athletics

This is how it should be. At Commonwealth Games we are one country, one team. This is not a freak show that follows the Olympics.

Adam, athletics

The purpose of the third article titled *All for One and One for All? Integration in High-performance Sport* was to explore the lived experience of integration in a high-performance environment from the perspective of para sport athletes and their entourage. Since 2002, the integrated model for competition has been embraced by the Commonwealth Games Federation (CGF) (thecgf.com, 2020). This model is substantially different than a 'separate and distinct model' of competition adopted by the Olympic and Paralympic Games. At a Commonwealth Games, para sport events are included in a single competition schedule. Medals won by para sport athletes have full medal status and contribute to the all-important medal count of each nation. Athletes with and without impairment 'eat, sleep, and prepare to compete' in The Athletes' Village, making this space a highly relevant location to conduct research regarding the experience of integration.

The research findings illustrated that integration is the preferred model for high-performance sport amongst non-athletes. Non-athlete research participants including sport administrators, Games volunteers, medical staff, and spectators were unanimous in their support of the integrated model endorsed by CGF. By contrast, the embodied experience of integration of para sport athletes diverse and divided regarding support of

the model. The athlete perspective regarding both models of competition, the integrated model adopted by CGF and the ‘distinct and separate’ model of Paralympic Games, reflected negative and positive experiences. Three themes derived from thematic analysis (Holstein & Gubrium, 2012) were found to be material to the athlete experience of integration. Firstly, para sport athletes acknowledged that integration in high-performance sporting spaces was not without social cost. The ‘wicked cost’ of integration involved the elimination of competition opportunities for athletes with greater impairment. Ableization, the subsequent inclusion of less impaired more, more able-bodied para sport athletes’ results. Secondly, size really does matter. The relatively small size of the para sport contingent at these Games, (5.7% of the total athlete population) negatively affected the para sport athlete experience of integration and diminished their sense of agency and community. The final theme discussed in the article considers the heterogeneity of voice and perspective regarding integration that exists within the para sport community.

The findings clearly demonstrate a need for future research, that explores the dichotomy of headspace of non-athletes and athletes regarding integration in high-performance sport. Non-athletes, including sport administrators, health care professionals, and spectators were unanimous in their endorsement of the integrated model. Further investigation is needed to unpack the assumptions that inform the head space of non-athletes, specifically powerful decision makers in the world of high-performance sport. Generating knowledge around the diversity of perspectives held by para sport insiders regarding models of competition, is fundamental to understanding when ‘to be or not to be’ integrated in sport. The approach to knowledge transfer from the research presented in the third article was to “let the data tell the story” (LaVoi & Silva-Breen, 2018) and to rectify the absence of the para sport community from conversations regarding practices of high-performance sport.

The following three chapters present each of the articles in full.

2.5 References

Bale, J., & Vertinsky, P. (2004). *Sites of Sport: Space, Place and Experience*. London: Routledge.

- Beuthin, R. Bruce, A. & Shields, L. (2015). Storylines of Aging with HIV: Shifts Toward Sense Making Qualitative Health Research, Vol. 25(5): 612-621.
- Campbell, P. (2015). A ('black') historian using sociology to write a history of 'black' sport: a critical reflection. *Qualitative Research in Sport, Exercise and Health*, 7:3: 377-394, DOI: 10.1080/2159676X.2014.949834
- Carpiano, R. (2009). Come Take a Walk with Me: The "Go-Along" Interview as a Novel Method for Studying the Implications of Place for Health and Well-being. *Health and Place*, 15 (1): 263-272.
- Chang, H. (2016). Autoethnography in health research: Growing pains? *Qualitative Health Research*, 26(4): 443-451.
- Coffey, A. (1999) *The Ethnographic Self: fieldwork and the representation of identity*. London: Sage
- Commonwealth Games Federation (2020). The Commonwealth Games Federation (CGF) is responsible for the direction and control the Commonwealth Games. <https://thecgf.com>
- Commonwealth of Nations (2020). The Commonwealth of Nations is an association of 54 member states. <http://www.commonwealthofnations.org>
- Creswell, J.W. (2007). Designing a qualitative study. In J.W. Creswell (Ed.), *Qualitative Inquiry and Research Design* (2nd ed.) :35-52. Thousand Oaks, CA: Sage.
- Davis, L. (1993). Critical analysis of the popular media and the concept of ideal subject position: *Sports Illustrated* as case study. *Quest*, 6: 165-181.
- DePauw, K. (1997) 'The (In) Visibility of DisAbility: Cultural contexts and "sporting bodies"', *Quest*, 49: 416-430.
- Dickson, T., Darcy, S., & Gadd, C. (2016). Inclusive by design: transformative serves and sport-event accessibility. *Service Industries Journal*, 36(11-12):532-555.
- Finlay, L. (2002). "Outing" the researcher: The provenance, process and practice of reflexivity. *Qualitative Health Research*, 12(4): 531-545.
- Friedman, M. T., & van Ingen, C. (2011). Bodies in space: Spatializing physical cultural studies. *Sociology of Sport Journal*, 28: 85-105.
- Goggin, G., and C. Newell. 2003. "Diversity as if disability mattered." *Australian Journal of Communication* 30 (3): 1-5.
- Hahn, H. 1996. "Antidiscrimination laws and social research on disability: The minority group perspective." *Behavioral Sciences and the Law* 14: 1-19.
- Holstein, J., & Gubrium, J. (2012). *Varieties of Narrative Analysis*. Los Angeles: Sage.
- Howe, P. (2007). Integration of Paralympic athletes in Athletics Canada. *International Journal of Canadian Studies / Revue internationale d'études Canadienne* 35: 132-150.
- Howe, P. D. (2008). *The Cultural Politics of the Paralympic Movement: Through the Anthropological Lens*. London: Routledge.

- Howe, P. D. and Jones, C. (2006) 'Classification of Disabled Athletes: (Dis) empowering the Paralympic Practice Community. *Sociology of Sport Journal*. Vol. 23: 29-46.
- Howe, P. (2017). Athlete, anthropologist and advocate: moving towards a lifeworld where difference is celebrated. *Sport in Society*: 1-11.
- Hughes, B. (2000). Medicine and the Aesthetic Invalidation of Disabled People. *Disability and Society*, 15(4): 555-568.
- Imrie, R. (1996). Ableist Geographies, Disablist Spaces: Towards a Reconstruction of Golledge's 'Geography and the Disabled'. *Transactions of the Institute of British Geographers*, Vol. 21(2): 397-403.
- International Paralympic Committee (2020). The intention of the word 'Paralympic'. www.paralympic.org
- LaVoi, N. M., & Silva-Breen, H. (2018). Head coaches of women's collegiate teams: A comprehensive report on NCAA Division-I institutions, Minneapolis: Tucker Center for Research on Girls & Women in Sport.
- Lupton, D. (2012). *Medicine as culture: Illness, disease and the body*. Sage.
- Kiuppis, F. (2018). Inclusion in sport: disability and participation. *Sport in Society*, 21, (1): 4-21. <https://doi.org/10.1080/17430437.2016.1225882>
- Malcolm, D., & Safai, P. (2012). *The Social Organization of Sports Medicine: Critical Socio-cultural Perspectives* (Vol. 14): Routledge.
- Mason, F. (2012). From rehabilitation patients to rehabilitating athletes. In Malcom, D., & Safai, P. (Eds). *The Social Organization of Sports Medicine: Critical Socio-Cultural Perspectives*. London, UK: Routledge: 77-106.
- McArdle S., Meade M., Burrows E. (2018). Service providers' attitudes toward athletes with eating disorders. *Clinical Journal of Sport Medicine*. 28: 51-55.
- McRuer, R., (2006). *Crip Theory: Cultural Signs of Queerness and Disability*. New York and London: New York University Press.
- McGillivray, D., McPherson, G., & Misener, L. (2017). Major sporting events and geographies of disability. *Urban Geography*, 39(3): 329-344.
- Misener, L., & Molloy, K. (2018). Organising and Delivering Modern Paralympic Games: Debates Relating to Integration and Distinction. In Brittain, I. & Beacon, A. (Eds.), *Palgrave Handbook of Paralympic Studies*:197-219. London: Palgrave MacMillan.
- Neville-Jan., A. (2004). Selling your soul to the devil: An autoethnography of pain, pleasure, and the quest for a child. *Disability and Society*, 19:113-127.
- Packer, T. L., McKercher, B., & Yau, M. K. (2007). Understanding the complex interplay between tourism, disability and environmental contexts. *Disability and Rehabilitation*, 29(4): 281-292.
- Paris, M.J. (1993). Attitudes of medical students and health-care professionals toward people with disabilities. *Archives of Physical Medicine and Rehabilitation*, 74: 818- 825.

- Peers, D. (2009). (Dis) empowering Paralympic histories: absent athletes and disabling discourses. *Disability & Society*, 24(5): 653-665.
- Peers, D. (2012). Interrogating disability: the (de)composition of a recovering Paralympian. *Qualitative Research in Sport, Exercise and Health*, 4(2): 175-188.
- Purdue, D. E. J. (2013). An inconvenient truce? Paralympics stakeholders' reflections on the Olympic-Paralympic relationship, *Journal of Sport and Social Issues*, 37(4): 384 –402.
- Purdue, D. E. J. And Howe, P. D. (2012) 'See the sport, not the disability? – Exploring the Paralympic Paradox' *Qualitative Research in Sport and Exercise*, Vol. 4 (2): 189-205.
- Reaume, G. (2014). Understanding critical disability studies. *Canadian Medical Association*, 186 (16): 1248-1249.
- Rich, K.A., Misener, L. (2017). Insiders, outsiders and agents of change: First person action inquiry in community sport management. *Sport Management Review*, 20: 8-19.
- Sainsbury, T. (2008). The Paralympic Village. In Cashman, R., & Darcy, S. (Eds.) *Benchmark Games: The Sydney 2000 Paralympic Games*: 183-200. Sydney: Walla Walla Press.
- Smith, A. (2017). Animation or denigration? Using urban public spaces as event venues. *Event Management*, 21: 609–619.
- Smith, B. & Sparkes, A.C. (2008). Narrative and its potential contribution to disability studies. *Disability & Society*, 23(1): 17-28.
- Smith, B., & McGannon, K. R. (2017). Developing rigor in qualitative research: problems and opportunities within sport and exercise psychology. *International Review of Sport and Exercise Psychology*:1-21.
- Smith, A., and N. Thomas (2005). The 'Inclusion' of elite athletes with disabilities in the 2002 Manchester Commonwealth Games: An exploratory analysis of British newspaper Coverage. *Sport, Education and Society*, 10: 49-67.
- Sorensen, M., & Kahrs, N. (2006). Integration of disability sport in Norwegian sport organizations: Lessons learned. *Adapted Physical Activity Quarterly*, 23:184-203.
- Spradley, J. P. (1979). *The ethnographic interview*. Waveland Press.
- Schwandt, J.A. (2003). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics and social constructionism. In N.K. Denzin & Y.S. Lincoln, *The Landscape of Qualitative Research: Theories and Issues*:219-231. Thousand Oaks: Sage.
- Thomas, C. (2002). Disability theory: Key ideas, issues and thinkers. In C. Barnes, M. Oliver & L. Barton (Eds.), *Disability Studies Today*:38-57. Malden, Maine: Blackwell Publishers Inc.

- Titchkosky, T. (2012). Firing up disabilities studies: A report from the edges of human community. *Canadian Journal of Disability Studies*, 1(1). Retrieved from <http://cjds.uwaterloo.ca/index.php/cjds/article/view/21/17>.
- Tweedy, S. M., & Vanlandewijck, Y. C. (2011). International Paralympic Committee position stand—background and scientific principles of classification in Paralympic sport. *British Journal of Sports Medicine*, 45(4): 259-269.

Chapter 3

3 Article One: Investigating the Nexus of Paralympic Sport with Medicine

3.1 Introduction

Despite decades of theorization about impairment and disability, ‘It is still not fashionable to be disabled’ (Goodley, Hughes & Davis, 2012) let alone be a high-performance athlete with impairment. As Lupton (2012) has theorized, high-performance athletes and people living with chronic illness and impairment are frequently ‘actively dependent’ on the practices of medicine and rehabilitation. To optimize health and manage illness and impairment, athletes and those living with impairment interact often and intimately with health care professionals. By extension of Lupton’s thesis, high-performance para sport athletes (athletes with impairment) are also actively dependent on the professional expertise of health care providers; to maximize both health and athletic performance. Traditionally, the practice of medicine and allied medical professions including physiotherapy, have been informed by medicalized understandings of the body. Medical assumptions regarding impaired bodies include the need to ‘fix’ the body with impairment. These bodies are also associated with limited or inferior abilities. These assumptions around bodies with impairment persist at the peril of the para sport athlete.

The nexus of athleticism and bodily impairment remains an uneasy site of interrogation (Mason, 2012). While scholars, such as Howe (2018), have suggested that bodily difference should be celebrated, this seems to remain an ambitious endeavor. Yet it is this nexus where impaired bodies intersect with high-performance sport that the embodied experience of impairment, disability and athleticism within sporting cultures can be foregrounded. Limited research has centralized the embodied narratives of members of the Paralympic community who have intimate knowledge of the relationship of impaired bodies and high-performance sport. Notable works have reflected the voices of Paralympic athletes such as Peers (2009, 2012) and Howe (2008), and allies such as coaches (McMaster, Culver & Werthner, 2012) and demonstrate the value of understanding the embodied experience of high-performance para sport. The work of

Perrier et al. (2014) is noteworthy for its use of narrative methodology to explore athletic identities of persons with a permanent, acquired impairment. Understandings of high-performance sport, impairment and disability rooted in the stories of other members of the Paralympic community can further explore the uneasy nexus of athleticism and bodily impairment. By doing so, there is potential to broaden understandings of the embodied experience of Paralympic sport.

Recognizing the importance of diverse experiences as valuable to understanding sport, impairment and disability, and motivated by Titchkosky's (2012) call for new understandings of impaired bodies in the social world, we chose the Paralympic community as our research location. We sought to consider the larger socio-cultural realities of the Paralympic movement, focusing one perspective of understanding of impaired sporting bodies in the context of sport medicine and the environment of high-performance sport. Thus, the objective of this paper is to examine the experience of a sport medicine professional in relation with the athlete experience of the medical encounter. This perspective locates and examines the experience of sport, impairment, and disability in the practice of sport medicine. The first author is a longstanding member both the Paralympic and sport medicine communities. The voice and role of the second author is that of critical friend (Cowan & Taylor, 2016) given the extensive research experience in Paralympic sport. Our intention is to critically reflect on the position of the sporting body with impairment in discussions of sport medicine practices by interrogating the intersection of sport and medicine with Paralympic sport. In doing so, there is potential to deconstruct prevailing medicalized characterizations of disability as inability and bodily impairment as undesirably different (de Cruz, Spray & Smith, 2019). A self-ethnographic account from the first author, an experienced sport physiotherapist with longstanding involvement in Paralympic sport, is used to consider the influence of the medical model of disability in contemporary Paralympic sport. The research will also offer insights into the marginalization of para sport within sporting and sport medicine culture. Our research aims to contribute to the body of knowledge regarding the lived experience of high-performance para sport, the Paralympic movement, and the practice of sport medicine.

To achieve our aim, we first adopt a sociohistorical framework for our literature review, examining the academic *past* and *present* of embodiment within the sport and disability studies literature to inform its *future*. We begin by reflecting on *past* understandings of the impaired body critiquing how the bodily experience of sport and impairment has been influenced by the medical and social models of disability. Regarding the literature of the *present*, we rely on the learnings of scholars whose work has foregrounded the lived experience of impairment and disability, including research specific to sporting bodies with impairment. The findings portion of this paper rely on the self-ethnographic project of the first author, that examined the experience of greater than twenty years of Paralympic sport, engagement with impaired sporting bodies, and the larger Paralympic community. Through self-ethnographic research of the first author, we critically reflect on the experience of sport medicine within Paralympic sport and the *future* of embodiment in Paralympic sport.

We wish to be explicit in our acknowledgement of the authors' positionality. We do not live with impairment and currently neither of us are athletes. We have no intention to appropriate the embodied experience of the athlete. Guided by the work of Snow (2018), a non-Indigenous scholar who wrote of her experience conducting research with Indigenous communities, we are cognizant of our power and privilege as academics and in the case of the first author, as a health care professional. With transparency and rigorous methodology, our intention is to represent the experience of impairment and disability in a meaningful and respectful manner. The sustained, intimate relationship of the first author with the community of Canadian Paralympic athletes and her commitment to disruption of ableist ideologies locates her a dedicated ally of the Paralympic athlete (Spanierman & Smith, 2017). The sincerity (Tracey, 2010) of both authors is demonstrated by on-going reflexivity and transparency throughout the research process and by firmly grounding the work in the literatures of disability and sport studies.

3.2 Theoretical Approaches to Disability

The medical lens has long provided the dominant narrative regarding physical impairment, wherein disability is represented as physical incapacity. The medical model of disability is considered by contemporary scholars to be the prevailing way disability is

understood and managed in Western society (Areheart, 2008). The model relies on normative categories of ‘disabled’ and ‘able-bodied,’ and assumes that bodily impairment is a personal, biological problem that requires an individualized, medical solution. The individual is the ‘locus of disability’ (Areheart, 2008) and cure and/or rehabilitation are the solutions (Goodley & Hughes, 2012). The bodily experience of disability is almost non-existent within medicalized understandings of impairment and disability. Titchkosky (2012, p.9) noted that medicalized assumptions frame disability as a ‘million natural disasters striking so many unfortunate,’ linking the narrative of tragedy with disability. The reciprocal relationship of disability and tragedy remains embedded in the social conscience of many Westernized cultures.

Many people, including disability scholars, social activists, and people who live with impairment have renounced the medical model of disability for its cultural privileging of able-bodiedness (Titchkosky & Michalko, 2009) and the absence of the embodied experience of impairment. The lived experience of physical, social, and cultural exclusion in everyday life constructs and compounds disability, a reality often ignored by the medical model. Problematically, the medical model remains entrenched in the world of Paralympic sport. The International Paralympic Committee (IPC), with a mandate to ‘enable Para athletes to achieve sporting excellence,’ continues to engage with medicalized assumptions about impairment disability. At the heart of classification systems is the categorization of athletes with impairment aimed at constructing a level playing field. Classification ‘reduces the likelihood of one-sided competition, is essential to fair competition, and should have a positive effect on rates of participation’ (Tweedy & Vanlandewijck, 2011, p.3). Classification is used to categorize athletes based on impairment type and with regards to how an impairment impacts the athlete’s activity during sport (Classification of athletes with visual impairment is determined by medical diagnosis). Classification panels are historically populated by medical and/or rehabilitation professionals who via their professional education, are informed by medicalized assumptions regarding impaired bodies and ability. The decisions of the classification panel have profound impact on the competitive future and success of an athlete. This remains a contentious issue in contemporary para sport due in part to the reproduction of medicalized authority and assumptions around disability (Hughes, 2000).

To better understand the medical model of disability, a description of ableism is required. Ableism enters our lexicon alongside sexism, ageism, racism, elitism, and heteronormativism. Linton (1998) defined ableism as a perspective in which the non-disabled experience and point of view are central, dominant and naturalized. Campbell (2009) adopted a more nuanced description of ableism. Ableism is a set of assumptions and practices that perpetuate inequitable treatment of people with impairment with an expectation of inferior ability and performance. Ableist logic constructs and situates the experience of able-bodiedness as natural and, therefore, the normal, lived experience. Ableist ideology devalues the lives lived with impairment and relegates the experience of impairment and disability to the social margins (Hughes, 2012). Hallmarks of ableism include a 'spread effect' as described by Duncan and Haycock (2005), where impaired bodies, imbued with flawed performance and are homogenized. Individual differences of people with impairment are ignored (Thomas, 2002). The words of Asch and Fine (1998, p.6) written three decades ago emphasize the diversity of impairment and the shared experience of social homogeneity:

It is ironic that the very category that integrates this text, 'disabled girls and women,' exists wholly as a social construct. Why should a limb-deficient girl, a teenager with mental retardation or a blind girl have anything in common with each other, or with a woman with breast cancer or another woman who is recovering from a stroke? What do they share but similar treatment by a sexist and disability phobic society? This is what makes it likely that they will be thrown together in school, in the unemployment line, in the segregated recreation programs, in rehabilitation, and in legislation.

Understanding the subtle, pervasive nature of ableism is integral to a discussion of alternative theoretical frameworks for conceptualizing disability. The social model of disability evolved as people with impairment, many living socially disabled lives, began to agitate for full citizenry and the opportunity to exercise their civil rights (Davis, 2002). The social model asserts that disability is a social construction (Hahn 1996; Goggin & Newell, 2003) generated by the norms and values of the dominant culture: an able-bodied

or non-disabled culture (Barnes & Mercer, 2003). Social modelists contend that disability is a socially constructed category, a direct consequence of social practices and relationships with a world informed by ableist logic (Thomas, 2002). Unlike the medical model, disability is not synonymous with biological difference or deviance, nor is disability ‘bred in the bone’ (Davis, 2002, p. 12). Proponents of the social model of disability assert that the social world is informed by ableist rationale, is constructed almost exclusively for non-disabled persons, with disregard for the rights and abilities of people with bodily impairment.

Despite disavowal of the medical model and a shift towards a socially aligned model of disability, many people who live with impairment or live lives intimately informed by impairment, have a contentious relationship with a strictly social framework of disability. Problematically, the social model has afforded limited space for the impaired body and the everyday experience of bodily impairment. Hyper-socialization of disability ignores the physical and social constraints of the lived experience of bodily impairment. An iteration of the social model of disability, the social relational model of disability (Thomas, 2004a) attempted to address the shortcomings of the social model by acknowledging the centrality of the embodiment of both impairment AND disability. Advocates of a social relational model of disability contend that impairment is central to the lives of people with impairment and understandings of embodiment are critical to theorizations of disability (Thomas, 2002). Impairment connects the personal embodiment of impairment to the public experience of disability (Morris, 1998; Thomas, 2002).

3.3 Disability in Sporting Practice

As described, these two historical models of disability have substantial deficits: the medical model flawed by its failure to recognize myriad social realities that construct disability, and the social model incomplete due to the relative absence of the impaired body. The social-relational model has been influential in contemporary sporting practices, specifically the discipline of sport psychology (Smith & Perrier, 2014), where the impaired sporting body is ‘biological, lived, social and cultural’ (p. 102).

Centralizing the lived experience of impairment is integral to contemporary understandings of impairment and disability. As we examine some alternative frameworks for conceptualizing impairment and disability, we acknowledge the contribution of feminist scholars for privileging the role of the body, for reinforcing the experiences of the body as central to identity, and for ‘bringing the body back into sociological inquiry’ (Zola, 1991). ‘Our bodies speak in all we do’ (Frank, 1991) and serve as starting point of ‘connection, location and construction of our world’ (Murphy, 1987).

The work of Leder (1990) and Parrey (2016) have also contributed to the evolution of more nuanced understandings of disability. Leder identified the impaired body as a source of experience and meaning, both socially and physically. Perhaps somewhat counterintuitively, Leder’s work illustrated that the body without impairment is more socially absent relative to the body with impairment. The non-impaired body or the ‘absent body’ can and does disappear in the social arena of everyday life. With normative form and function and a backdrop of other like bodies, the non-disabled body can become invisible. By contrast, the impaired body is obvious, ever present, always visible. The body with physical impairment is visually and functionally different, a socially obvious body. In his foundational ethnography, Murphy (1987, p. 122) wrote of the obviousness of his impaired body, exposed by its biology and the taken-for-granted social arrangements of everyday life.

This one obvious fact, the disabled person’s radical bodily difference, his departure from the human standard dominate the thoughts of the other and may even repel him. But these are thoughts that can barely be articulated let alone voiced.

Parrey (2016) illustrated the socially transformative potential of the impaired body. He defined orientation as the ‘processes, practices and starting points that shape experience and meaning’ caused by disorienting encounters in the social world. Disorienting encounters or dysorientation are indigenous to the embodied experience of impairment and occur when ‘the body (with impairment) goes wrong’ in the public space.

Dysorientation (the Y is intentional) can be rich in its ‘not knowing’ and a catalyst for a reciprocal re-orientation of the body in the social world and the social world to the impaired body. Parrey’s theory of reciprocal reorientation through dysorientation acknowledges the elemental relationship of the physical body and the social world as experienced through impairment.

3.4 Interrogations in Sport and Disability

Smith and Sparkes (2008) discussed narrative as a methodology to illuminate the personal experience of impairment and to provide knowledge regarding the socio-cultural reality of disability. To clarify narrative analysis, the authors proposed two distinct starting points, where the research is located as either story analyst or as storyteller, and a typology of analytical methods. Stories serve as vehicles of self-discovery and authenticate bodily experiences. Stories can also teach others about lives lived with impairment, can forge solidarity and potentiate social action (Murphy, 1987). When space is created to hear impaired bodies talk and tell their personal stories of impairment and disability, diverse frameworks of the self, the body and disability can be constructed and negotiated. New and alternative knowledge regarding impairment and disability is generated. Campbell (2012) as well as St. Pierre and Peers (2016) argued that narrative methodologies are one way to crip the future, one that is distinct, marked by celebrating bodily difference, and informed by the embodiment of impairment and disability.

Despite the urgings of Frank (1991) and Smith and Sparkes (2008), too few studies have employed narrative as a methodology to foreground the stories of people with lives intimately informed by impairment and disability. Fewer still have positioned the embodied experience of the high-performance athlete with impairment as central to the research, and to examine the uneasy intersection of high-performance sport and impaired bodies. The work of Danielle Peers (2012) is a notable exception. Peers (2012), a retired Canadian Paralympian, utilized self-ethnography as a form of narrative to investigate her bodily experience of impairment, disability and athleticism. Her self-ethnographic work analyzed the role of sport in the formation of her identity as disabled person, as woman, as elite athlete. Her work critiqued the underlying power relationships that shape the embodied experience of Paralympic sport and culture and makes a substantial

contribution to knowledge regarding the nexus of sport, impairment and disability. Peers utilized self-ethnographic methodology to tell her story and problematize the sociocultural experience of disability, sport, and the body. Consistent with ethnographic methodology as described by Smith and Sparkes (2008), Peers (2012) constructed a personal narrative to make sense of the incoherence of her life. In doing so, she provided meaningful insights into a life lived with impairment and the discrimination of disability:

Just as coherent eugenic, genetic and biomedical disability stories produce disabled subjects in order to constrain, eradicate, and normalize them...decomposition can break down the coherence of these stories and selves, opening up room for more critical and diverse engagements with ideas, practices, communities, and identities (86).

Informed by the important work of Peers, we introduce the self-ethnography of the first author. Her/our research is located within the culture of Paralympic sport and critically examines the experience of disability and sport within the practice of sport medicine.

3.5 Narratives of Sport Medicine and Paralympic Bodies

Like Campbell (2015), we acknowledge the fluidity and tension-filled location of the researcher as insider. Campbell critiqued the pros and cons of insider positionality of the researcher when conducting ethnographic research. Insider status can be a complex role for the researcher, particularly with respect to ownership of the data and who really is most qualified to analyze and interpret the findings. Campbell illustrated too that the insider is afforded a relationship of greater intimacy with research participants with the possibility for enhanced disclosure and is often most capable of deciphering the forces that shape the social world of participants' experiences. He cautioned, however, that insider positionality is not fixed, but rather fluid and potentially contested. Holt (2011b) wrote that the researcher is never truly an insider but rather an 'insider of a kind' (p. 140), reflecting the heterogeneity of identities and of experiences within a shared research experience.

While I am neither athlete nor do I live with impairment, I am long-standing membership in the Canadian Paralympic community, a membership that spans almost twenty-five years. Throughout these years, I been a committed ally of the Paralympic athlete. I am a sport medicine professional and a veteran of multiple Health Science Teams (HST) that support Canadian athletes during competition. The words of Coffey (1999) resonate with me in the context of high-performance sport: “I was there.” I have been involved with one Para Pan American Games and six Paralympic Games and held a leadership role as Chief Therapist (CT) for four of the six Paralympic Games. Because of my history and subsequent positionality, my lived experience of sport medicine and Paralympic sport can provoke critical conversations regarding the practice of sport medicine, and medical encounters between professionals and athletes with impairment. The work of many, including Murphy (1987), Coffey (1999), and Howe (2017) have reinforced the value and potential for knowledge creation embedded in the real-life experiences of specific cultural practices. Analysis and interpretation of stories from within a given culture, in this case the culture of Paralympic sport, can provide authentic insight into not only the personal but make public some of the broader socio-cultural realities (Smith & Sparkes, 2008).

Data was collected in the form of a reflexive journal regarding my twenty years of experience with Paralympic sport, at the national level here in Canada, and on the international stage. Using a self-ethnographic approach (Howe, 2008), I chronicled my stories of Paralympic experience pre, during, and post six Paralympic Games and the 2015 Para Pan American Games. I actively and consistently engaged in critical reflection around the ways in which the impaired sporting body was represented and understood by sport medicine professionals, host communities of Games, the media, and by athletes themselves. My narrative was written retrospectively and begins with my first Paralympic Games, the 1996 Summer Paralympic Games, in Atlanta, USA and concludes with my stories and reflections of the Toronto Para Pan American Games in 2015. This approach offers a rich diachronic data set (Smith & Sparkes, 2008) and offers historical and development insights from my own experience. As subject of the research, I adopted a standpoint for analysis of ‘story analyst,’ utilizing both structural and performative methods to analyze and interpret the data. Structural methods were used to explore ‘what’

was said in the data and performative methods examined ‘how’ language was used and organized. Locating ourselves as story analysts and selecting analytic methods that explore the ‘what’ and the ‘how’ of the ethnographic data allowed for broader socio-cultural interpretations to be made (Smith & Sparkes, 2008).

For the analysis, our theoretical lens was informed by a human rights-based approach to disability, which influenced the interpretation of the data. In considering the literature review presented above, this approach challenges assumptions that pathologize physical, intellectual, or sensory differences and advocates equality and accommodation for people with impairment in all aspects of life. There is also a clear recognition that the experience of impairment is central to the lives of people with impairment and disability a product of social and political power relations (Reaume, 2016). My analysis was iterative, and I attempted to be reflexive throughout the process working back and forth with the data and my reflexive notes. Regular discussions with the second author as a ‘critical friend’ about the findings and meanings of the reflexive notes were integral to the research process. I was and remain cognizant of the potential to reconstitute some of the dominant narratives of sport, impairment, and disability given my privilege and authority as a sport medicine professional.

3.6 Medicalization of Impaired Bodies

Given the volume of data from which to draw, I focused the discussion on three of the dominant themes that developed during analysis: 1) social potential of sport medicine in Paralympic sport, 2) medical authority in Paralympic sport, and 3) aversive ableism. Informed by a human rights-based approach to disability, we specifically selected these themes to draw attention to the persistence of medicalized authority within high-performance sport, and to highlight the potentiality of sport medicine to be an agent of change for both the practice of medicine and Paralympic sport. I weave the analysis of my own narrative with understandings from the literature to address dominant practices in para sport medicine. The first theme speaks to the potential of the para sport medicine community to socially influence the practice of sport medicine. The second theme critiques the entrenchment of the medical model of disability in contemporary Paralympic culture and the practice of sport medicine, stemming from my own position

of authority within the sport medicine community. The final theme of aversive ableism addresses the present-day reality of ableism in the culture of sport and medicine as I have witnessed evolve over two decades of involvement. I address each theme independently; however, it is important to note that there is fluidity and overlapping narratives that address multiple perspectives within and between the themes.

3.6.1.1 Social Potential of Sport Medicine

The first theme that I will discuss is the latent capacity of the sport medicine community to impact assumptions regarding Paralympic sport and the practice of sport medicine. When I graduated from university, my academic studies and clinical placements were informed exclusively by medicalized assumptions about the body, impairment, and disability. I understood that disability was undesirable, a function of a person's body, and that rehabilitation was necessary and in the best interests of the individual. Until my involvement in 1996 with my first Paralympic Games, I had not considered that biological impairment and disability were related but not synonymous, or that disability might be the product of the impaired body's intersection with social practices. Worthy of note, people who live with impairment and high-performance athletes interact more often with health care professionals (like me) in contrast with non-athletes and those who live without impairment. Athletes are actively dependent on health care professionals (Lupton, 2012) for the prevention of injury, recovery, and maximization of athletic high-performance. Throughout this reflexive project, I was confronted by the tension of my involvement with para sport and my entrenchment in the medical model of disability: athletes seeking professional care from me, a sport medicine professional culturized by medicalized understanding of bodily impairment.

It was fortuitous that only eight years into my professional career, I was selected to Canada's HST for the 1996 Paralympic Games. The impact of these Games on my personal and professional development cannot be overstated. My experience of the Atlanta Paralympic Games disrupted many of my assumptions regarding bodily impairment, athletic ability, and my practice of sport medicine. I met and practiced alongside a group of highly skilled sport medicine professionals who did not consider bodily impairment as obstacle to high-performance. I worked with athletes who

transformed my medicalized assumptions of health, ability, and athleticism. These athletes like those I supported in 1995 at the Pan American Games in Mar del Plata, Argentina required my expertise to maintain health, assist recovery and support high-performance. These athletes did not need a fix for their bodily impairment.

I arrived in Atlanta burdened with an abundance of biology. I lacked knowledge and experience of para sport and the culture of a Paralympic Games. I soon discovered that these athletes did not need fixing. They needed me to do what sport medicine professionals do best, which is support high-performance. As in Mar de Plata, I did much that was not medicine including: carrying of equipment, attending training just in case, resolution of uniform malfunctions, fetching of ice vests and/or podium wear at the last minute, lending support during Doping Control, cheering hard in the stands, talking late into the night after the big loss or the big win...

When I reflected on this data of my experience of the Atlanta Games, I was struck by the broad scope of practice embraced by this group of sport medicine professionals. These professionals fluidly responded to the needs of a diverse group of Paralympic athletes. Within days of my arrival in Atlanta, I discovered that maximizing high-performance of Paralympic athletes included supporting the lived experience of impairment- offering a push up the hill from the transportation mall, asking the athlete with upper extremity amputation if assistance was needed with luggage, and reading aloud the menu options in the cafeteria for the athlete with visual impairment if required. In contrast with my academic training and clinical experience during my early years of practice, I learned quickly that the body of the Paralympic athlete was fully able—athletically on the field of play and socially within The Athletes' Village and Atlanta itself. As my medicalized assumptions regarding impairment and incapacity transformed, I began to appreciate the constraints of the broader social world and the subsequent construction of disability.

It is an honour and privilege to hold membership in the collective of committed allies of the para sport athlete. I now regard the Paralympic body as a sporting body, an athletic

body with agency and ability. I am deeply grateful for my early introduction to Paralympic sport and have spent much time considering what my contemporary practice of sport medicine and physiotherapy would look like without my intimate and sustained engagement with Paralympic sport and culture.

3.6.1.2 Medical Authority in Paralympic Sport

Despite my experience regarding the transformative power of Paralympic sport regarding how medical professionals consider the impaired body, the data and critical reflections suggest that the traditional authority of medical/rehabilitative professionals persists in Paralympic culture. Historically, the practice of bodily organization and classification has been the privilege of the medical profession, distinguishing the ‘clean’ from the ‘unclean,’ the healthy from the sick and the normal from the abnormal (Mason, 2012). Informed by scientific and the medicalized understandings of disability, classification of sporting bodies with impairment remains central to sporting practice. The power and privilege of classification is still the purvey of practitioners of medicine and rehabilitation practitioners. Reflecting critically on the data associated with my early years of involvement with Paralympic sport, I realized that I had imposed my own learned assumptions regarding impairment and ability during athlete classification. I embraced my expert knowledge and used the authority of my medicalized voice rather than make space for the voices of the athletes. The following is an excerpt from the reflections:

Though the introduction of functional classification seems to have eased some anxiety, many athletes, specifically the young and less experienced, are extremely nervous with respect to the classification process. The decision of this small panel of experts can have tremendous impact on the athlete’s opportunity to compete, let alone be successful. A doctor or physiotherapist almost always attends classification with the athlete to interpret and advocate for the athlete, and in many cases, speak for the athlete. When I was selected for this role, I just assumed my expertise was essential to a fair and potentially successful classification. It was only right that I would speak for the athlete; in fact, I thought it was one of my responsibilities as a member

of the HST. Unfortunately, years passed before I realized how misplaced my sense of professional duty was. My role should have that of collaborator, working with the athlete as needed, and resisting the usurping of athlete control during classification.

I have occupied the position of Chief Therapist (CT) for the Canadian HST at four Paralympic Games. I have witnessed the process of classification multiple times and have assumed the role of interpreter, advocate, and spokesperson for the athlete. I have watched athletes anxiously anticipate classification. I have heard athletes articulate tremendous frustration regarding personal lack of control during and regarding classification. My role as CT necessitated participation in meetings pending classification, a meeting that included members of the HST, Mission Staff, coaches, and often the Canadian legal Ombudsperson. Noticeably absent at some meetings was the athlete to be classified. These meetings had a 'war room' atmosphere where we, the experts, strategized how to effectively navigate the classification process. Time and much effort were invested in the discussion of 'who' should accompany the athlete to classification. The Chief Medical Officer (CMO), I, or an alternative HST member, preferably a physician, would always attend to clarify the athlete's impairment. Upon reflection, I am aware that by doing so, I contributed to the commodification of the athlete and marginalized the athlete's voice and agency. I was confident in my own medical authority to speak for the athlete, to represent their needs, desires and voice. Canada's Ombudsman, a lawyer by profession, might also attend classification. As a lawyer, The Ombudsman would represent the athlete like the accused in a court room, further compounding the voice-lessness of the athlete. The following is an excerpt from the self-ethnographic data:

Classification seemed a daunting, unnerving experience for the athlete; a lonely struggle for opportunity and credibility waged by the powerless against the authority of the Paralympic establishment. When I stop and consider my role as sport physiotherapist, trusted and valued by our athletes, I wonder why I did not do more to challenge, or at the

very least mitigate, the power imbalance embedded in the practice of classification.

I suggest that the authority to classify the Paralympic athlete rests almost exclusively in the hands of the classification panel, typically members of the medical or rehabilitation professions. Decisions made by the panel of experts has substantial impact on the competitive future of the athlete, access to equitable competition and potential success. Yet classification can render the athlete docile, almost silent, with little control of their own body and athletic opportunities. My reflexive notes remind that the practice of classification can reduce the capable, athletic body to a rather mute biological one, once again dependent on experts such as myself for representation, bodily management, and athletic prosperity. The words of Howe (2008) and Peers (2012), both retired Paralympians, resonate with my experience of and reflections surrounding in- Games classification:

[It is] an alienating experience as each time a different team of individuals determines whether your body fits into the textbook of carnal typology that is acceptable to those who govern this aspect of Paralympic sport officialdom (Howe, 2008, 502).

I have read about how athletes are given a ranking between 1.0 and 4.5 according to their functional ability to perform skills on the basketball court (IWBF 2010). Yet, here I am in a hotel room, without a ball or a chair. All I have is a thick binder of medical results and my fear (Peers, 2012, 180).

3.6.1.3 Aversive Ableism

Denial of athleticism and the prevalence of more subtle forms of ableism is the final theme that we will discuss in this paper. I include an entry from my journal regarding my return home to Canada following the London Paralympic Games in 2012. It is interesting to note that I made a similar entry while reflecting on my return home following the 1996 Summer Paralympic Games.

My decision to be involved (with Paralympic sport) was equated with charitable volunteerism. When I consider my return from the London 2012 Paralympic Games, my friends and family were far more aware of these Games than previous Paralympic Games. There was much more media coverage which contributed to their awareness and, I think, the public in general. Congratulations for my involvement with 'those athletes' greeted my return to family and my work life. Patients and friends spoke much of my volunteerism and little about Canada's medal count or performance at these Games. Seemingly, attitudes towards Paralympic sport and para athletic excellence, even amongst my intimates, have not evolved as much as I had thought.

As I critically considered denial of athleticism, I realized that some of my sport medicine peers who seemed supportive of Paralympic sport did not value high-performance sport by athletes with impairment in the same manner that I did. Their support of Paralympic sport was motivated by benevolence, a desire to celebrate 'those athletes' who overcame such tragic circumstances rather than celebrate athletic excellence. In my journal, I found comments made to me by these same peers that included the following: 'Those athletes are truly amazing' and 'Look what they have overcome.' A consequence of de-valuing athletic performance of the Paralympian was a subtle relegation of my own expertise as a sport medicine professional. Upon reflection of my twenty years of experience and six Paralympic Games, similar ableist assumptions that serve to legitimize 'real' sport have reinforced my own experience. The spoken and unspoken words of these same peers suggest that if I were a 'real' expert in the field of sport medicine, I would be assisting 'real' high-performance athletes. Irrespective of my very conscious decision to stay involved with para sport and to limit participation in high-performance sport for athletes without impairment, I have answered this question many times: 'When will you be going to the Olympic Games?'

Howe (2017) wrote of disableism, a subtle form of prejudice that "confronts me and those like me daily. Because of the subtle nature of disableism, it often falls under the radar established by legislation designed to improve the lives of impaired people" (p.6).

From the reactions of peers and friends regarding my involvement with Paralympic sport, I interpret a pervasive, often understated preference for able-bodiedness in sport. My peers have commented in these ways: ‘The Paralympics are interesting but not the same as the Olympic Games.’ ‘Paralympic sport is complicated although I bet the athletes love it.’ These two quotes from the data remind me of the social indifference to even high-performance para sport from within my own peer and professional circles. When I consider the reactions of some of my intimates to my sport medicine career in para sport, I am confronted by a collective response dominated by a benign disinterest, and assumptions around para sport that are not blatantly anti-disability but rather pro-non-disabled (Howe, 2012).

I have continued to confront these ableist assumptions in my own practice, inside and outside of sport. Maas and Hasbrook’s (2001) work regarding Casey Martin’s conflict with the PGA regarding the use of a golf cart on tour demonstrated that sport is ableist, elitist, and sexist. Schnell and Rodriguez (2001) identified a compounding effect of discrimination in Paralympic sport for athletes whose race, gender, sexuality, and/or class did not intersect with notions of masculinity, heterosexuality, and able-bodiedness. My own experience reinforces the findings of Mass and Hasbrook (2001) and Schnell and Rodriguez (2001): athletes who are male, pass as heterosexual, and live with less obvious physical impairment (appear more able-bodied) are located top of the Paralympic hierarchy. The perspectives of some sport medicine colleagues reproduce this hierarchy and a disableist headspace (Howe, 2017) that does not favour non-male Paralympic athletes and those with greater physical impairment.

Part of my role as Chief Therapist (CT) is to schedule therapists to specific teams for the duration of the Paralympic Games. This allows the athletes continuity of care and the opportunity for both athletes and sport medicine professionals to establish a strong therapeutic relationship, to ‘bond’ during the ups and downs of the Games. In 2008 and again in 2012, I assigned myself to the Canadian Wheelchair Tennis Team and to our Boccia Team. I was cognizant that the tennis players and the boccia athletes occupied opposite ends of the para

sport hierarchy. However, what I discovered was that members of the Health Science Team (HST) that I had selected to support high-performance athletes at these Games could not understand why I would choose to work with boccia. Perhaps I should not have been surprised to hear discriminatory attitudes towards boccia athletes, who are Paralympians with greater impairment, from members of my own medical team. After all, I can easily identify examples of subtle forms of ableism in my everyday life. However, I was surprised to learn that disableism had followed me to the Beijing and London Paralympic Games.

3.7 Final Reflections and Conclusions

Integral to our research is the longstanding, very intimate relationship between sport and the practice of medicine. The intersection of sport with medicine dates to the time Herodicus, the mentor of Hippocrates (460-370 BC), who Malcolm and Safai (2012) described as a gymnastics master as well as physician. Informed by this relationship, the findings of our research suggest that the practice of sport medicine has potential to positively influence the practice of sport medicine and Paralympic sport. As a multi-disciplinary sub-set of medicine, inclusive of non-physician professionals with diverse skills and ethos of practice, and less affected by the hierarchy of traditional medicine, sport medicine is well located to disrupt assumptions around impaired bodies and athletic excellence. Much that constitutes the practice of sport medicine is ‘not medicine’ (3) and is informed more so by the ‘consumptive’ (5) demands of athletes, clubs, teams, coaches, and sport governing bodies, rather than the physiology and anatomy of the human body (Malcolm & Safai, 2012). The scope of sport medicine is broad, inclusive, and socially informed by the needs and wants of the sporting community. However, this research project concluded that medicalized assumptions regarding impaired bodies and disability remain entrenched in the arena of para sport, reinforced by sport practices that include athlete classification and the very practice of sport medicine. The embeddedness of the medical model of disability and the not insignificant authority of medicalized voices

perpetuates a preferencing of able-bodiedness in contemporary sport and constructs the Paralympic athlete as Other.

Interestingly, the discipline of sport medicine has struggled to establish an equitable, mutually respectful relationship within conventional medicine (Malcolm & Safai, 2012). Not dissimilarly, the relationship of Paralympic sport with the non-disabled, high-performance sporting community has been contentious and marked by marginalization. Perhaps the shared outsider experience and the socially informed practices of Paralympic sport and sport medicine can foster solidarity between these two communities, to bridge the gap of understandings around impaired bodies, disability and high-performance sport.

The purpose of this paper was to examine the experience and practice of sport medicine within the location of Paralympic sport and contribute to scholarship around Paralympic sport, sport medicine, and Paralympic culture. More specifically, we reflected on the importance of the impaired body in discussions of sporting practices by critically interrogating the experience of specific medical encounters within Paralympic sport. To generate contemporary understandings and disrupt historical assumptions regarding the practices of Paralympic sport and sport medicine, we argue for unique approaches to research and knowledge generation. As medical professional and as researchers, we are cognizant of the authority and positionality we bring to the research process. Uniquely so however, ethnography and self-ethnographic methodologies make space for stories to be heard, told by voices that are often silent or underrepresented. In our research, self-ethnography privileged the embodied narrative of the first author, as sport medicine professional within Paralympic sporting culture. From the self-ethnography of one committed ally of the Paralympic community, we are reminded of two important realities. First, dominant, medicalized assumptions of disability remain solidly entrenched in high-performance para sport at the peril of the athlete with impairment. Of equal if not greater importance, informed by the experience of Paralympic sport, sport medicine professionals can resist and reject ableist assumptions regarding impaired bodies and sporting ability. A transformational shift in personal and professional understanding of normative bodies and athleticism becomes possible.

To conclude, Titchkosky (2012) warned of a dangerous cascade, informed by medical assumptions regarding disability. Impairment becomes disability, disability leads to disadvantage, disadvantage is the precursor to discrimination, and discrimination culminates in danger. The experiences of the first author with Paralympic athletes and high-performance para sport were transformative. Both authors have been prompted to reconsider our perceptions of impaired sporting bodies, ability, and by extension, athletic excellence. Sharing the self-ethnography of this sport physiotherapist and longstanding ally of the athlete with impairment will hopefully encourage other medical professionals to critically reflect on how ableist logic informs their assumptions, daily clinical work and practice in the sporting environment.

3.8 References

- Areheart, B. A. (2008). "When disability isn't just right: the entrenchment of the medical model of disability and the goldilocks dilemma." *Indiana Law Journal* 83: 181.
- Asch, M. & Fine, A. (1998). *Women with disabilities. Essays in psychology, culture and politics.*
- Barnes, C. & Mercer, G. (2003). *Disability.* Cambridge, UK: Polity Press.
- Campbell, F. (2012). "Stalking ableism: Using disability to expose 'abled' narcissism." In *Disability and Social Theory*, edited by D. Goodley, B. Hughes, and L. Davis: 212-230. London: Palgrave Macmillan.
- Campbell, P. (2015). "A (black) historian suing sociology to write a history of black 'sport': a critical reflection." *Qualitative Research in Sport, Exercise and Health*, 7 (3): 377-394. DOI: 10.1080/2159676X.2014.949834
- Campbell, F. (2009). *Contours of Ableism: The Production of Disability and Abledness.* New York: Palgrave Macmillan.
- Coffey, A. (1999). *The Ethnographic Self: fieldwork and the representation of identity.* London: Sage.
- Cowan, D. & Taylor, I. M. (2016). "'I'm proud of what I achieved; I'm also ashamed of what I done': A soccer coach's tale of sport, status, and criminal behaviour." *Qualitative Research in Sport, Exercise and Health* 8 (5): 505-518.
- Davis, L. (2002). *Bending Over Backwards: Disability, Dismodernism and Other Difficult Positions.* New York, NY: University Press.
- deCruz, N., Spray, C., & Smith, B. (2019). Implicit beliefs of disability and elite sport: the para athlete experience. *Qualitative Research in Sport, Exercise and Health* 11 (1): 69-91. DOI: 10.1080/2159676X.2017.1384753.

- Duncan, M. & Aycock, A. (2005). "Fitting images. Advertising, sport and disability." In *Sport, Culture and Advertising. Identities, commodities and the politics of representation*, edited by S. J. Jackson, and D. L. Andrews. London, New York: Routledge.
- Frank, A. (1991). "For a Sociology of the Body: An Analytical Review." In *the Body: Social Process and Cultural Theory*, edited by M. Featherstone, M. Hepworth, and B. Turner. London: Sage.
- Goggin, G. & Newell, C. (2003). "Diversity as if disability mattered." *Australian Journal of Communication* 30 (3): 1-5.
- Goodley, D., Hughes, B. & Davis, L. (2012). *Disability and Social Theory: New Developments*. New York, NY: Palgrave Macmillan.
- Hahn, H. (1996). "Antidiscrimination laws and social research on disability: The minority group perspective." *Behavioral Sciences and the Law* 14: 1-19.
- Holt, R. (2011b). "Sport and the British: its origins, ideas and composition." *Sport in history*, 31 (2): 137-148.
- Howe, P. D. (2018). "Athlete, anthropologist and advocate: moving towards a lifeworld where difference is celebrated." *Sport in Society*: 1-11.
- Howe, P. D. (2008). "The Tail is Wagging the Dog: classification and the Paralympic Movement." *Ethnography* 9 (4): 499-518.
- Hughes, B. (2000). "Medicine and the Aesthetic Invalidation of Disabled People." *Disability and Society* 15 (4): 555-568.
- Leder, D. (1990). *The absent body*. Chicago: University of Chicago Press.
- Linton, S. (1998). *Claiming Disability: Knowledge and Identity*. New York: NYU Press.
- Lupton, D. (2012). *Medicine as culture: Illness, disease and the body* (3rd edition). London, UK: Sage Publications Inc.
- Maas, K. & Hasbrook, C. (2001). "Media promotion of the paradigm citizen/golfer: An analysis of golf magazine's representations of disability, gender, and age." *Sociology of Sport Journal* 18: 21-36.
- Malcolm D. & Safai, P. (2012). "Introduction: The Social Science of Sports Medicine." In *the Social Organization of Sports Medicine: Critical Socio-Cultural Perspectives*, edited by D. Malcolm, and P. Safai: 1-22. New York: Routledge.
- Mason, F. (2012). "From rehabilitation patients to rehabilitating athletes." In *the Social Organization of Sports Medicine: Critical Socio-Cultural Perspectives*, edited by D. Malcolm and P. Safai, 77-103. New York: Routledge: 77-103.
- McMaster, S., Culver, D. & Werthner, P. (2012). "Coaches of athletes with a disability: a look at their learning experiences." *Qualitative research in sport, exercise and health* 4 (2): 226-243.
- Morris, J. (1998). "Gender and disability." In *Disabling Barriers- Enabling Environments*, edited by J. Swain, V. Finklestein, S. French, and M. Oliver. London, UK: Sage Publications Inc.

- Parrey, R. (2016). "Being Disoriented: Uncertain Encounters with Disability." *Disability Studies Quarterly* 12 (4).
- Peers, D. (2009). "(Dis)empowering Paralympic histories: Absent athletes and disabling discourses." *Disability & Society* 24 (5): 653-665.
- Peers, D. (2012). "Interrogating disability: The (de)composition of a recovering Paralympian." *Qualitative Research in Sport, Exercise and Health* 4 (2): 175-188.
- Perrier, M. J., Strachan, S. M., Smith, B. & Latimer-Cheung, A.E. (2014). "Narratives of athletic identity after acquiring a permanent physical disability." *Adapted Physical Activity Quarterly*, 31 (2):106-124.
- Reaume, G. (2014). "Understanding critical disability studies." *Canadian Medical Association Journal* 86 (16): 1248-1249.
- Silva, C. F. & Howe, P.D. (2012). "The (in)validity of supercrip representation of Paralympian athletes." *Journal of Sport & Social Issues*, 36 (2): 174-194.
- Schell, L. A. & Rodriguez, S. (2001). "Subverting bodies/ ambivalent representations: Media analysis of Paralympian, Hope Lewellen." *Sociology of Sport Journal*, 18: 127-135.
- Smith, B., & Perrier, M.J. (2014). "Disability, sport, and impaired bodies." In *the Psychology of Sub-Culture in Sport and Physical Activity: Critical Perspectives*, edited by R. Schinke, and K. McGannon. New York: Routledge.
- Smith, B. & Sparkes, A.C. (2008). "Narrative and its potential contribution to disability studies." *Disability & Society* 23 (1): 17-28.
- Snow, K. (2018). "What does being a settler ally in research mean? A graduate students' experience of learning from and working within Indigenous research paradigms." *International Journal of Qualitative Methods*.
doi.org/10.1177%2F1609406918770485.
- Spanierman, L. B. & Smith, L. (2017). "Confronting white hegemony: A moral imperative for the helping professions." *The Counseling Psychologist* 45(5): 727-736.
- St Pierre, J. & Peers, D. (2016). "Telling ourselves sideways, crooked and crip: An introduction." *Canadian Journal of Disability Studies* 5 (3).
- Thomas, C. (2004a). "How is disability understood? An examination of sociological approaches." *Disability & Society* 19 (6): 569-583.
- Thomas, C. (2002). "Disability theory: Key ideas, issues and thinkers." In *Disability Studies Today*, edited by C. Barnes, M. Oliver, and L. Barton L, 38-57. Malden, Maine: Blackwell Publishers Inc.
- Titchkosky, T. & Michalko, R. (2009). *Rethinking Normalcy: A Disability Studies Reader*. Toronto: Canadian Scholars Press.
- Titchkosky, T. (2012). "Firing up disabilities' studies: A report from the edges of human community." *Canadian Journal of Disability Studies* 1 (1).

- Tracy, S. J. (2010). "Qualitative quality: Eight 'big tent' criteria for excellent qualitative research." *Qualitative Inquiry* 16 (10): 837-851.
- Tweedy, S. M. & Vanlandewijck, Y.C. (2011). "International Paralympic Committee position stand—background and scientific principles of classification in Paralympic sport." *British Journal of Sports Medicine* 45 (4): 259-269.
- Zola, I. (1991). "Bringing our bodies and ourselves back in: Reflections on a past, present and future 'medical sociology.'" *Journal of Health and Social Behavior* 32 (1): 1-16.

Chapter 4

4 Second Article: Too Many Chairs: Spatiality and Disability in Integrated Sporting Spaces ¹

4.1 Introduction

This is the largest fully inclusive para-sport medal events programme ever at a Commonwealth Games; the largest at any international sports event. We are proud to champion inclusivity and accessibility for all.

The statement above by the President of the Commonwealth Games Federation (CGF) at the opening ceremonies of the 2018 Gold Coast Australia event is part of the political rhetoric that goes hand in hand with the hosting of a major sporting event. There is a historical legacy upon which Louise Martin, President of CGF draws in making this statement. Since the 1994 Commonwealth Games in Victoria, Canada where demonstration events for para sport athletes were held, the Commonwealth Games Federation (CGF) has been at the forefront of pushing for integrated sporting events. By 2002, the CGF voted to adopt an integrated model of competition for future Commonwealth Games (CG). In this model, para sport athletes from participating nations are afforded the same rights, privileges and responsibilities of competition as able-bodied athletes and compete concurrently during the duration of the Games. Since this time, medals won by a nation's para sport athletes have been included in the 'all-important' medal count, elevating the significance of para sport performances. Historically elite competition for able-bodied and para sport athletes has taken place separately as in the model of the Paralympic Games which adheres to the Olympiad (hence the term Paralympiad). The Paralympic event takes place approximately two weeks following the completion of the Olympic Games. Such a model is used for many other major Games such as Pan American/Parapan American Games. Hence the model being used by the Commonwealth Games is distinctive and forward thinking.

¹ This chapter has been accepted by Sociology of Sport Journal for publication and will appear in issue 38(1), the first issue of SSJ of 2021.

Misener and Molloy (2018) outlined the potential opportunities and challenges surrounding integration of high performance able-bodied and para sport, specifically the integration of the Olympic and Paralympic Games. Practically, integration promises maximization of Games related resources, both economic and human, and simplification of Games planning, organization, and implementation. Less tangible perhaps but no less material, integration also poses a risk to the distinctiveness for para sport athletes. Without committed and knowledgeable leadership and appropriate resource allocation, assimilation rather than integration of the Paralympic Games with the Olympic Games is a foreseeable outcome (Misener & Molloy, 2018). McGillivray, McPherson, and Misener (2017) considered the context of disability in two different Games' environments, demonstrating further some of the potential challenges of event integration of the spaces and the places in which events occur. What remains relatively absent from these discussions of Games sporting spaces are the voices and experiences of the primary stakeholders of these spaces including - para sport athletes, coaching staff, administrative personnel, spectators and members of Health Science Teams.

The focus of this paper is the interplay of the spatiality of *The Village*, an integrated space, with impaired sporting bodies during the XXI Commonwealth Games held on the Australian Gold Coast in 2018. Specifically, we explore how the space of *The Village* impacts upon the embodied experience of integration, athleticism and inclusion. Because of the integrated nature of the Games, *The Village* is a significant space in which to consider the dynamic relationship between this space and the embodied experience of the para sport athlete. The perspective of the para sport athlete has been foregrounded to consider the impact of this space on the athlete's perspective of impairment, athleticism, and integration. Previous research such as that of MacIntosh and Parent (2017) and MacIntosh and Nicol (2012) had begun to address some aspects of athlete in-Games experience. However, spatiality of the temporary home for athletes, *The Village*, has not been addressed nor has the lived experience of these athletes been highlighted. Thus, our research aims to address this gap in the literature and illuminate the stories and voices of the para sport athlete and their entourage within this location, to better understand the impact of space on the embodied experience of the para sport contingent.

4.2 Theoretical Perspective

Scholars within the field of human geography have debated issues of disability and space since the 1930s, often reproducing medicalized notions of disability, where bodily difference was the cause of social and spatial exclusion with little regard for the role of the space itself (Chouinard, Hall, & Wilton, 2010). From the mid 1990's human geographers began to recognize the significance of the relationship of social spaces with the construction of disability. Informed by the politicization of disability within social spaces and a more social understanding of disability, the socio-spatial environment was re-considered as a co-production of disability and the space itself. Lefebvre (1991) emphasized the body's role in the construction of social spaces, and the creative opportunity of the body to negotiate, resist or reinforce social relationships in these spaces. He considered space as both "a product and a producer of social activity" and that "the body, (is) at the very heart of space and of the discourses of power" (Friedman & van Ingen, 2011, p. 89). This interactive relationship of space and disability informed the work of Packer, McKercher and Yau (2007). These scholars described the creation of space as ongoing interplay between the person, social attitudes or headspace and the built environment.

In the context of sport, Bale and Vertinsky's (2004) anthology pulled together numerous, diverse essays that critically examined different spaces of sport. From gymnasium to stadium to locker room to mountain peak, the essays consider the complexities of relationships constructed within and through each unique location. With respect to Games specific spaces, Gaffney (2010) examined the social and spatial impact on the city of Rio de Janeiro, the country of Brazil and the lives of everyday Brazilians in the aftermath of The Pan American Games held in 2007 and in the lead up to FIFA World Cup 2014. Unique to the intersection of disability, sport and spatiality, Dickson, Darcy, and Gadd (2016) and McGillivray et al. (2017) provide critical contributions to the study of disability and geography of sporting spaces in and around major events. Dickson et al (2016) examined the Vancouver Fan Zone during the FIFA Women's World Cup and the impact of this space on the experience of 'fans' with impairment. Using an access audit, this research provided valuable information regarding the nexus of space and disability

and concluded that event organizers need to consider the access needs of consumers with disability in much greater detail. However, absent from the work of Dickson et al. was the lived experience of ‘fans’ with impairment at FIFA Women’s World Cup. As mentioned earlier, McGillivray et al. (2017) critically examined the construction of disability at two large sporting events involving para sport athletes and the considered purpose-built sporting venues and the urban environment of the host city. They concluded that the “everyday experience of disability outside of sports venues is unlikely to be materially improved despite significant levels of investment in event projects” (p.14). McGillivray et al. (2017) identified as a limitation of their work the absence of the perspective of the para sport athlete and challenged others to take up this important research agenda. Clearly there is need to address this lacuna in the research and make central the voice and perspective of the para sport athlete in spaces of sport.

Sainsbury (2008) published the only social science study regarding the spatiality of The Paralympic Village that was used during the Sydney 2000 Games. Using a needs-based matrix, he examined the geography, topography, amenities and management of The Paralympic Village. By doing so, Sainsbury focused attention on some aspects of The Athletes’ Village that did not adequately address access needs of the Paralympic athlete. While this is a step forward absent from that work was the lived experience of the para sport athlete in The Village space. Building on the work of Sainsbury and the scholars previously mentioned, we chose to critically examine the spatiality of *The Village* during Commonwealth Games XXI and consider the impact of this space on the para sport athlete’s experience of impairment and athleticism.

We critically examined *The Village* in the context of the theoretical perspective of private space (Lefevre, 1991) understanding that *The Village* serves as home to competing athletes for the duration of the Games. *The Village* is a distinctive space, divided into two Zones; The International Zone and The Residential Zone. Access to The International Zone is controlled and limited to visiting dignitaries, media, and VIP who possess appropriate accreditation. Tours are brief, escorted and seldom involve access to the Residential Zone of *The Village*. Entrance to the Residential Zone is highly privileged, reserved almost exclusively for athletes and essential members of the athlete entourage.

The athlete entourage includes medical, coaching, technical and administrative staff. The purpose of *The Village* is to function as a collective ‘home’ for the athlete; a place to eat, sleep, and prepare to compete. For many athletes, *The Village* serves as a refuge – away from the pressures of competition and the attention of the media.

Smith (2017) discussed the use of urban public spaces for events, including sporting events. Though the engagement of public space for private use is controversial, Smith has written about the potentialities of event spaces, to reflect specific and desirable social values like greater safety or enhanced diversity. He posited that although some event spaces are temporary, the provisional transformation of an event space has potential to contribute to more fundamental change, by ‘loosening’ the social values ascribed to a given space. In the case of *The Village*, a space constructed for athletes with and without impairment, there is disruptive potential regarding bodily hegemony in such locations. Informed by Lefebvre’s (1991) right to the city, where citizens in a social space exercise full social, physical, and political participation, we suggest that *The Village* serves as the athletes’ ‘city.’ Understanding the embodied experience of the para sport athlete within this ‘city’ space has potentiality to expose power and inequity in these spaces. A focus on the right of all athletes to their ‘city’ can help contribute to a shift towards greater social equality in spaces of sport (Lefebvre, 1991; Smith, 2017).

*The right to the city has implications going well beyond the urban form
as it offers a way to reconceive and restructure notions of citizenship
that are fundamental to maintaining the status quo, and, more broadly,
is a call for inclusion in all aspects of social and political life.*
(Friedman and van Ingen, 2011, p. 97)

In considering the implications of a rights-based approach to understanding space, we use a similar rights-based framework around disability as our guiding framework for data collection, analysis and interpretation (Goodley, Lawthom, Liddiard & Runswick-Cole, 2019). A rights-centered understanding of impairment and disability challenges ableist assumptions which inform and shape society. This approach disrupts assumptions that pathologize difference and advocates for accommodation of human variation and equity

for people with bodily difference, physical, intellectual and sensory, in all areas of life (Reaume, 2014). I acknowledge that the embodied experience of disability is central to the lives of people with impairment, and that disability is the product of social and political power relations. As DePauw (1997) argued, “the lens of disability allows us to make problematic the socially constructed nature of sport and once we have done so, opens us to alternative construction, actions, and solutions” (p. 428). A human rights research lens places disability at the heart of this research project, enabling the researchers to critically examine the geography of disability in the space of *The Village*. We turn here to consider the context of that space and describing the ethnographic research process.

4.3 Research Context and Design

In April 2018, Gold Coast Australia hosted the XXI Commonwealth Games, bringing together over 4,426 athletes from 72 nations for 10 days of competition. Two hundred and fifty-one were para sport athletes. Seven para sport events were part of the competition schedule; athletics, aquatics, table tennis, power lifting, cycling, lawn bowls and para triathlon. *The Village* served as home for all athletes, providing space to eat, sleep, socialize, and prepare to compete during the Games. Some athletes inhabited *The Village* for just a few days, arriving a day or two before scheduled competition and departed shortly thereafter. Other athletes who competed in events that span the duration of the Games, as is the case with athletics and aquatics, and those who travelled substantial distance, took up residence in *The Village* for as long as a month.

The first author, an experienced sport physiotherapist with longstanding involvement in the Paralympic movement, is a veteran of multiple international sporting events including six Paralympic Games. To conduct this ethnographic work, she had daily access to *The Village* during these Games. Because of her longstanding engagement with Paralympic sport, she was distinctively positioned as an ‘insider’ within *The Village* and Games milieu. Her positionality facilitated access to gatekeepers and to the athletes themselves. The second and third authors, given their years of involvement with Paralympic Games, para sport governance and research experience with the broader para sport community, served as ‘critical friends’ throughout the project.

4.3.1 Data Collection

An ethnographic approach was used to collect data involving informal conversations and semi-structured interviews with para sport athletes, as well as sustained observation of life in *The Village*. Consent for research involvement was obtained in accordance with Ethics Approval by the Office of Human Research Ethics (OHRE) in which Games management was informed of the presence of the first author, and formal interviewees signed consent to participate. It is important to note that an ethnography involves fluidity in data collection approaches where not all conversations are formalized interviews but serve as vital sources of data. Alongside numerous casual conversations, six formalized semi-structured interviews with athletes were performed to increase the trustworthiness of the findings (Carpiano, 2009). These conversations focused athlete's involvement in para sport, competition history including previous Games (Commonwealth/Para Pan American/Paralympic), personal experiences at the Games being studied, and their experiences and perspectives regarding daily life in *The Village*. Formal interviews with four administrators focused on Games infrastructure, historical decisions around integration, structures, integration of para sport athletes at these Games, and general observations regarding *The Village*. To recruit athletes and others to participate in the formal aspects of the process, multiple strategies were employed including- recruitment posters, meetings with potential gatekeepers (i.e. coaching staff, administrative personnel of multiple delegations, members of national Health Science Teams), and speaking to athletes directly.

Critical to the ethnographic approach was the daily observation of life in *The Village* (Coffey, 1999; Silva & Howe, 2019; Spradley, 1979). Observation was sustained, on-going and conducted in many locations throughout *The Village*. These observations focused on athlete interactions with different physical locations throughout *The Village* space, as well as social involvement of para sport athletes in the daily life of *The Village*. On-going recording of the observational data in a research journal was completed by the first author, including important information from the many informal conversations that occurred daily.

4.3.2 Analysis

Qualitative thematic analysis was conducted informed by the work of Holstein and Gubrium (2011). This involved all data including fieldnotes being transcribed verbatim. The transcript was then read in its entirety and edited for content that was determined non-essential to the project. Recursive analysis, with a focus on words and phrases regarding constraints and opportunities of the para sport athlete to interact with the spatiality of *The Village*, was utilized to determine dominant and recurring themes.

4.3.3 Presentation of Research Findings

Findings of the research are presented here in an historical ethnographic vignette, based on sustained, intimate observations of daily life in *The Village*, interviews with para sport athletes from a variety of delegations, and casual conversations with non-athletes, including coaches, volunteers and Village staff. The ethnographic vignette that follows was created by utilizing observational data, excerpts from the first author's reflexive journal and elements of creative writing (Beuthin, Bruce, & Shields, 2015). This approach attempts to present a coherent story, and to evocatively present our research findings as has been achieved by other sport scholars (Bruce, 1998; Denison, 1996; Markula, 2011). In the discussion section of the paper, important themes from the vignette are considered and unpacked. Like a compelling story, a well-constructed essayistic research narrative (Howe, 2018; Markula & Denison, 2005; Silva & Howe, 2019) ebbs and flows with a rhythm that seems almost natural, though both are carefully constructed. We anticipate that the presentation of the findings in this form encourages the reader to appreciate the potentiality of ethnographic methodology as a rich, deeply human approach to social inquiry. As well, the vignette illustrates the embeddedness and intimate relationship of themes within this research.

4.4 Spatiality and Disability: Pools, Pubs, and Pianos

My first impressions of *The Village* included how colourful, compact, and upbeat the space appeared and felt. Apartment-style residences and townhouses dominated the space and would serve as a 'home away from home' for the athletes of the XXI Commonwealth Games. Outdoor pools complete with inflatable pink flamingos afloat, colourful cabanas,

coffee bars full of athletes dotted the landscape of each ‘neighbourhood’. The main thoroughfare or Main Street was festooned with flags from participating countries. Walking paths and streets funneled down towards a substantial green space in the heart of *The Village*. The Village Green was dominated by a large outdoor installation, a twin helix-like sculpture with a large white free-form base. This intriguing sculpture quickly acquired different names not limited to and including The Roller Coaster, The DNA, and/or The Molar. In the shade of the Roller Coaster/DNA/The Molar, I found casual chairs and tables, a substantial pond replete with cascading waterfall, a piano and an ice cream bar. Athletes effortlessly walked and wheeled down Main Street making their way to The Village Green. Taking leave of The Molar aka DNA aka The Roller Coaster was substantially more difficult due to the substantial grade of Main Street. Whether walking or wheeling, many athletes faced an uphill climb out of *The Village* as they travelled to the Dining Hall (DH), the Transportation Mall, and all primary points of ingress and egress of *The Village*.

My official tour of *The Village* was conducted by Sam, an experienced Commonwealth Games administrator. As we walked *The Village*, athletes were out of doors, taking in the streetscape, greeting teammates and friends, while moving into their ‘homes’. Absent from the scene were athletes who use powerchairs and athletes with noticeable neurological impairment. Sam was an affable man, excited himself by the energy of *The Village*. He described the Federation of Commonwealth Countries (FCC) as a “quiet, powerful, political force for good” with a deep commitment to its values- humanity, equality, and destiny. He indicated that for these Games, Commonwealth Games Federation “put a fence around the number of disabled athletes” to prevent substitution of able-bodied athletes in place of para sport athletes by participating delegations.

As we walked and sweat in the heat of a Gold Coast mid-day, walking up and down the streets of *The Village*, Sam spoke of the uncertainty regarding the future of integration at the Games, due in part to “decreased money, a fixed number of athletes, little room for growth and unlikely decreased involvement of able-bodied athletes”. As we stood on the street, *The Village* shuttle bus passed by, moving athletes from far-flung corners of *The Village* towards the Dining Hall (DH).

The very hot Aussie sun overhead suggested it was time for lunch. The DH offered athletes not only food but air-conditioning and chance to connect with teammates and friends from previous Games. With some frustration, Sam suggested that Gold Coast 2018 should have considered eliminating bus service within *The Village* as a cost cutting measure. But then as I wandered, I met with two para sport athletes Karen and Emily, who were scheduled to compete in powerlifting. They were concerned about the distance from their residence to the DH and the Transportation Mall, the substantial slope of the Main Street, and the impact of the ‘back and forth’ between these locations on athletic performance. We said good-bye and they boarded *The Village* shuttle bus headed for lunch.

I veered off the Main Street and discovered many smaller, more utilitarian-looking buildings. These buildings were not athlete residences but administrative offices and health care clinics for larger delegations. Fortuitously I met up with a retired Paralympic athlete who used a power wheelchair and agreed to an interview. Alex was working in an administrative capacity and had already been in residence in *The Village* for 9 days. We left our initial rendezvous, Alex’s office, in search of a more private spot to conduct an interview. The construction of the exit door prevented Alex from using the door independently, requiring Alex to wait for assistance to leave or in fact, enter his own office. As we walked/wheeled outdoors in the rain, Alex spoke of how *The Village* “was very accessible...much better than London 2012 Paralympics”. Drenched from the rain and laughing, we entered a large communal space. Admin staff from participating nations accessed this space to connect with media, collect results from daily competition and to access the host committee. The automatic door slid open as we approached and closed quietly behind us. Alex described the “existence of invisible lines in *The Village*”, and of the “invisibility of para sport athletes here”. According to Alex “invisible lines” were embedded in the built environment of *The Village*. Doors he could not open, inaccessible pool gates for athletes who use wheelchairs, a DH with para sport athletes sitting together but not with their able-bodied teammates, limited signage around *The Village* regarding para sport athletes and events - all demonstrative of these lines. Alex also spoke of how classification of para sport athletes is saturated with ‘invisible lines’ that confuse

spectators, devalue the athleticism of para sport competitors, and are responsible for the elimination of classification categories for athletes with greater impairment.

As my initial interest for the project had stemmed from my own experience in medical clinics, I was interested in connecting with other Canadians and find my own sense of 'home' in *The Village*. The Canadian medical clinic was in a row of buildings beside the larger Canadian residence. I connected with members of the Canadian Health Science Team (HST) and toured the medical clinic. Although busy, the physical space of the clinic was tight, and spatially configured such that movement of the many bodies in the clinic required some care. There were no hydraulic beds or high-low therapy tables, which coupled with the confined space, makes access to treatment more difficult for some para sport athletes.

I joined several HST members for lunch at one of the casual, outdoor dining areas. Athletes could dine al fresco in several outdoor locations around *The Village*. As luck would have it, a locale for casual dining was tucked in behind Canada's neighbourhood in *The Village*. The space was busy, smelled wonderful and bustled with an international mix of athletes. More than a few para sport athletes, including athletes using wheelchairs were tucking into kangaroo sausages and salad. Tables were low, with box-like seats that could be easily moved. The ground was covered with artificial turf, smoothly laid allowing ease of access to this dining option. The place had a lively, positive vibe, and fostered easy socialization between people who sit with people who stand.

Post lunch I headed to the DH for a glimpse of this larger indoor dining space. Unlike the lively outdoor dining locations, the DH feeds athletes 24 hours a day. The cafeteria was busy, with long lines for food and full tables. Wandering slowly, I looked at the tables, the chairs, and the athletes themselves. Very few para sport athletes were apparent amidst the crowds. I did not see any athletes with obvious neurological impairments. A small number of manual wheelchairs could be seen but only a single power wheelchair. Unlike previous DH's at previous Paralympic Games, no chair-less tables could be found. Menus were not readily available in Braille. Low food-service counters and volunteers to assist para sport athletes with food service as needed were conspicuously absent.

As I settled into my role as researcher and acquired a feel for *The Village*, everything about this space felt fresh and new. My senses were heightened, tuned into the sights and sounds of *The Village*. Teeming with people and activity, *The Village* seemed to have a pulse of its own. There was so much going on! I watched and stopped and talked with people as we explored our shared space. I decided to use The Athlete Lounge as a home base and spent time here at the beginning and end of each day. The Lounge was a great place to people watch. The space was large, thankfully well air conditioned, with good Wi-Fi, centrally located, and buzzed day and night with a large, diverse group of athletes. Athletes played video games, costumed up for the photo booth, read quietly, hung out in comfy chairs and slept quietly in corners of the room. Remarkably, I saw only one para sport athlete in The Athlete Lounge, despite the amenities of The Lounge - relief from the heat of an Australian day, the opportunity to socialize, a chance to find solitude away from shared athlete accommodation.

Serendipitously, I bumped into an athletics coach who was also a retired Paralympian. As veterans of previous Paralympic Games, this chance meeting of an old friend was a welcome respite from a sea of athlete-strangers. We sat outside in the sunshine and discussed at length the Games and *The Village* environment. Robin used a wheelchair, was excited about the start of competition and was interested in my research. I questioned Robin about her/his experience of these Games environment, including the integrated nature of *The Village*. Robin shifted in his wheelchair and with an angry, raised voice recounted this story.

“I thought today, this is good. I like this integration thing. However, I met up with another coach to pick up uniforms/gear/information and waited and waited and waited. The other coach was sorted out ahead of me. So, I waited some more. The lady finally dealt with me. I didn’t want a lot. And she said to me... ‘you’re just a coach, it’s all about the athletes.’ I know that. I was an athlete. Yes, this should be all about the athletes. But here was the problem, I felt like this lady who looked at me, in my wheelchair was really saying, ‘you’re only a para sport coach’. Attitudes like that make me very angry.”

Over the course of the Games, I visited pools around *The Village*. I saw athletes including para sport athletes in the water, walking, swimming, socializing with one another. The easy, fluidity of movement of para sport bodies in the water was remarkable to see. Physical impairment and mobility differences seemed to melt away below the surface of the water. Socialization of athletes, both para sport and able-bodied, was joyful, loud and playful. The pools were a social hub that appeared to welcome all visitors. The weather had been consistently hot, humid, and sticky, drawing athletes to the poolside for respite.

Life in *The Village* assumed a predictable rhythm. Athletes loaded with bags and filled with expectation, accompanied by their entourage of coaches and staff left early each for training or competition. By mid-day, many of these athletes had returned to eat, recover and rest. Late afternoon, the exodus of athletes and their support staff occurred again, in anticipation of evening competition. As afternoon passed into early evening, athletes gathered in small groups around *The Village Green*, seeking shade and comradeship in the lee of The Rollercoaster/The Molar/The DNA. Athletes ate ice cream, played and sang along with the piano, or simply shared the open-air space. Like the neighbourhood pools, para sport athletes seemed at ease in this outdoor place, making music together, sharing time and space with teammates.

I discovered early on, that the inclusion of para triathlon at these Games was a contentious decision. A limited number of countries and a small field of athletes were scheduled to compete. Para triathlon is an expensive sport given the associated and necessary equipment. Having never seen para triathlon and aware of the tension surrounding the sport, I decided to attend. I decided to seek directions from a Games volunteer regarding the location of the event and options for transport to the venue. I approached the volunteer with phone in hand and the Gold Coast 2018 app open. To my questions, Violet the volunteer responded;

That must be part of the festival. There is no para triathlon and the tri has taken place. (I had shared with her the competition schedule on the Games app). Really? I had no idea. It is too bad that so little attention has been paid to para sports. You know, my grandchildren would have

loved to see these athletes-it's good for the kiddies to see people with a disability be so (pause) able.

As was my end of day ritual, I often stopped at The Village Pub. The Pub was on the second floor of the retail shops, accessed by stairs and elevator. In the early days of the Games, few athletes shared the space with coaching, technical, administrative and Games personnel. However, as days passed, and Closing Ceremonies approached, athletes began to make their way to The Pub, to share a pint and trade stories of medals won and lost. One evening late in the Games, I dropped into The Pub for a glass of Australian red. I spent the evening reviewing my notes, enjoying the nightly entertainment and the wonderful staff. As I took my regular spot and nodded to the young woman behind the bar, I saw a duo of para sport athletes, sharing a pint and what appeared to be a great visit. I checked my notes and my memory and realized that these two were the para sport athletes I had witnessed in this space. I was delighted! Perhaps these athletes drank late into the night, trading stories of sporting success and failures. I crossed my fingers and hope they did just that.

As the Games and the competition schedule neared conclusion, more and more athletes were out and about in *The Village*. I found myself again on the decks of the neighbourhood pools, observing Village life. The sitting areas were large enough to allow for open-air privacy. Seating options were myriad, and the pool areas offered a social atmosphere. Kory and I stood together leaning against the fence observing the pool area, enjoying the scene. The detritus of inflatable flamingos could be seen and sun-burned athletes the norm. Kory was a tall, distinguished male athlete with lower limb amputation. As the sun was closing out the day and in fact the Games were closing out, Kory said this about *The Village*;

In this environment, it is obvious the able-bodied athletes are not as warm and welcoming as para sport athletes. At non-integrated events, we are friendly to one another until we become competitors. Here, the able-bodied athletes are distant, concerned how they look (laugh).

As I stood with Kory overlooking the pool, we watched two para sport athletes in the pool; walking, socializing and swimming effortlessly. As they left the water and sat poolside, their bodily differences and impaired bodily function was apparent to everyone poolside. As I left, a para sport athlete using a wheelchair attempted to open the pool gate. Due to the location of the lock on the gate, he was unable to enter the pool area without my assistance.

Two hours later, I was poolside again with Jamie, in a different neighbourhood of *The Village*. Two very fit, athletic young women in bikinis lounged together, chatting amicably. Jamie was a recently retired Paralympian, now coach who lived with neurological impairment. The sun and the location fostered easy conversation. We began to discuss the accessibility of *The Village*.

My female athlete has a scooter. They were allowing her to put it underneath the transport bus. Ten days into training this stopped. For security reasons, it couldn't happen anymore. And the transport people were firm about it. I got a little testy. They were volunteers so not that testy. They said we are going to have to bring a whole bus just for her.

I said this was inconsistent with the values of accessibility and inclusion. So that's what happened yesterday. She and I were on a bus by ourselves, even though the scooter fits perfectly under the bus. This made us feel very separate, oh yes very separate.

Jamie nodded to the two female athletes beside us and continued.

I mean when you come to an integrated event, you're with some of the fittest athletes in the world (gesturing towards the athletes). And you know para sport athletes we're broken a little bit physically. So, if you are uncomfortable projecting your own image where literally, the fittest athletes are here, I mean for the younger para sport athletes it's got to be tough. We're used to being at events where it's singular in terms of the athletes and disability and here it's the other way around. About 70% of the athletes here are able-bodied maybe more I have no idea.

So, you're cast into a situation where people are going to look at you a little bit and (they're) not doing it to be disrespectful but they too haven't seen...able-bodied athletes haven't seen para athletes competing in the same venue. So, it's an opening for everybody.

As we both struggled to rise from our low, slung deck chairs, I saw another para sport athlete unable to navigate the lock on the pool gate from sitting position without assistance. I also experienced a visceral vulnerability regarding my own body in this space, where shirt-lessness and bikinis were the norm.

Perhaps to shake off a personal sense of bodily fragility, I met Ike in the shade of The Molar/Rollercoaster/DNA. Ike was male athlete, with an obvious progressive neurological impairment. I had seen him walking about *The Village* and had subtly tried to assess his gait from behind my sunglasses. Ike had a long high-performance career, competing for his country as an able-bodied athlete prior to acquiring a physical impairment. Ike was happy to speak about his experience as a para sport athlete in the context of an integrated sporting event.

I'm hoping that through these Games that the able-bodied athletic world, when they see someone struggling to walk up a hill or see me walking backwards and stop and stretch right in the middle of the road, I hope they're learning something. Here I feel I've gone back to when I first had (my impairment). Eyes are on me all the time. I really do feel a lot of stares. I'm not hurt by it. I'm a little bit surprised by it. I think that in long run its going to be a great thing. What I don't like-I do feel stared at when I'm walking up to the meal hall or in the meal hall when I start spasming and my bowl of cereal which I put too much milk in starts dribbling onto the tray and onto the floor. It's not a fun experience.

As I headed for the exit, trudging uphill all the way, I was low on energy. I had spent these final two days listening carefully to multiple para sport athletes who so generously took the time to share with me their experiences of life in this space. I felt worn, and a bit

burdened by what I had learned. I remembered the two para sport athletes I had seen in The Pub. I recalled the absence of para sport athletes in indoor spaces like The Pub and The Athlete Lounge. I considered the greater number of para sport athletes in outdoor social spaces. Why did The Village Green equipped with pianos and simple seating or the neighbourhood pools scattered about *The Village* attract this group of athletes? I smiled as I recalled how in the late afternoon and early evenings, substantial numbers of para sport athletes eased quietly into these outdoor spaces. I took a deep breath, enjoyed a long, last look at *The Village*, and turned to leave. My day pass would expire shortly, and Village security would seek me out. I headed to the exit to surrender my access to *The Village* for another day.

4.5 Critical Considerations of Athletes' Right to The Village

Using an ethnographic vignette to present our research findings is intended to construct a vivid, 'day in the life of *The Village*' experience of this space and the socially constructed rights within it. The intention of the vignette is to afford the reader a sense of how *The Village* space and the bodies of the athletes are co-produced. By intersecting the first researchers bodily experience of *The Village* with that of the para sport athletes, coaches and other members of the athlete entourage, the vignette as written conveys the richness of the data and the nexus of the spatial elements and the human experience of these spaces alongside others within it. The materiality of *The Village* and the living conditions within this environment clearly impacted how para athletes experienced self in this space. Notably some para sport athletes indicated dismay, perceiving their role within the Games as marginal and others celebrated the reality of being present in an integrated location of high-performance sport. In this section, informed by Lefebvre's (1991) concept and framing of space and guided by a human rights framework informed by disability studies, we discuss several themes that resulted from thematic analysis and were woven through the narrative. The three specific themes are 1) language informs space, 2) hyper-visibility of the body, and finally 3) indoor vs outdoor spaces. Considering these themes, we discuss the material objects of *The Village* and how conditions of life in this environment have impacted how para athletes construct themselves within this social world (Markula, 2019). In doing so we reflect on the

importance of plurality of understanding of the self-some troubled by their marginality this environment while others celebratory (Howe and Morris, 2009).

Often, examination of spatiality has prioritized the physical environment. In the case of accessible space, the construction of physical space that is welcoming to all, including persons with diverse access needs, with little need for ‘after the fact’ modifications. Borrowing language from Dickson et al. (2016), we have chosen to forefront some of the back-of-house challenges and opportunities that impacted the experience of disability and inclusivity within *The Village*. Language used to describe para sport and para sport athletes cultivates assumptions about inclusivity and integration. Awareness (or non-awareness) of para sport as demonstrated by some Games volunteers offers insight into potential assumptions that inform the construction and experience of physical and social spaces. Potentially, these assumptions impacted para sport athletes’ opportunities to more be more socially engaged in these spaces.

The language used by Sam, the CG administrator regarding the need ‘to put a fence around para sport athletes’ to ensure participation in these Games is particularly poignant. If ‘fencing’ is required to protect participation rights of para sport athletes at a Commonwealth Games, how realistic is the commitment of the Commonwealth Games Federation to integrated sporting spaces? When financial resources are finite, the integrated model adopted by the CGF will be challenged to grow and evolve. It is problematic that a ‘fence’ is required to protect rightful participation of athletes in a locale that wishes to “champion(s) inclusivity and accessibility”. The metaphor of a ‘protective fence’ says much about the challenges of integrated sporting practices and serves as a linguistic reminder of the ‘push and pull’ of integration of high-performance sport (Misener & Molloy, 2018).

The experience of Robin, a retired Paralympic athlete with quadriplegia and Village staff represents a missed opportunity to embrace language that reflect the desired values espoused by the CGF in this space (Smith, 2017). The experience with the volunteer who was unaware of the existence of the para triathlon, one of only seven para sports in the competition schedule was also problematic. Language such as “great for the kiddies to

see people with a disability be so (pause) able” may have reflected biases of this single volunteer. However, my interaction with Village staff as well as that of the retired Paralympic athlete reflect assumptions around para sport, the integrated model for sport, and the pursuit of equity in sporting spaces. Using language that conveys non-awareness or indifference towards para sport were missed opportunities to inform the desired integrated, inclusivity of *The Village* space and the embodied experience of para sport body in this space (Lefebvre, 1991). We are fully cognizant and wish to acknowledge the tremendous contribution of personal time and effort of Games volunteers, who are so well intentioned and essential to the success of sporting events.

Hypervisibility of the impaired body in *The Village* was a second significant thematic finding of our research. Some para sport athletes spoke of or alluded to heightened awareness of their bodily difference in relationship with Village spaces some felt the experience of disability more profoundly because it was an integrated space. Spaces are without a doubt, body centric locations. At the poolside or at the beach, (almost) all bodies are ultra-visible. The neighbourhood pools in *The Village* were no different. These spaces magnified the para sport athletes’ experience of bodily difference and the associated stigma of non-normative bodies. The first author’s reflexive notes reflected episodic experiences of otherness and bodily inadequacy in *The Village* and poolside respectively. As a researcher in contrast with her usual Games-role as a physiotherapist, she repeatedly experienced a visceral sense of being an outsider. Without a uniform to proclaim her nationhood or a delegation to claim membership, the relationship with *The Village* space was altered. She felt like she stood out in the crowd of those with real membership in *The Village*. Though not an athlete, the first author’s body conforms to the hegemony of whiteness and able-bodiedness. For people and para sport athletes whose bodies cannot easily appear or perform according normative standards of able-bodied bodies, the experience of hyper-visibility in social spaces is in fact, the norm (Murphy, 1987). An embodied experience of self-consciousness and some degree of bodily shame was expressed by some para sport athletes during interviews in some spaces; at the poolside, in the cafeteria, walking the streets of *The Village*. Staring at the impaired body in these spaces was normalized by some athletes. Others spoke of greater bodily ease and comradery with competitors in non-integrated locations of sport.

The neighbourhood pools in *The Village* were intended as spaces of relaxation, of playfulness, and for athlete socialization. However, the research confirmed that para sport athletes felt hyper-visible in these locales and an enhanced sense of being The Other. The ‘push and pull’ of integrated high-performance sport (Misener & Molloy, 2017) comes at a price. The cost of a shared ‘home’ at these Games included a thick skin and a greater tolerance for standing out in the crowd. Take a moment and re-imagine *The Village* space. A space where bodily variation is neither hidden nor magnified. Where differences in physical form and function are foreseen and incorporated upfront. Motion and voice activated doors, dining hall tables with and without chairs, service counters at multiple heights, graded curbs, auditory cues and adequate time to navigate an intersection. A locale where “products and environments (are) to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design” (Hums, Schmidt, Novak & Wolff, 2016, p. 40). Smith (2017) argued that even temporary spaces, like an Athletes’ Village hold potentialities to perpetuate specific and desirable social values. To feel at ‘home’ in *The Village* and to participate in the many opportunities of Village life, the bodily relationship of para sport athletes with *The Village* space needed to top the list of priorities for the host committee, in terms of vision and strategic planning (McGillivray et al, 2017; Dickson et al, 2016; MacIntosh & Nicol, 2012). Perhaps then the socio-spatial architecture of locales like neighbourhood pools would have been perceived as both socially and physically inclusive.

Alex’s comment regarding ‘invisible lines,’ lines that enhance the invisibility of para sport athletes in *The Village* was intriguing. After all, according to Alex, this Village was more “accessible than the Village in London” (2012 Paralympic Games). Data analysis indicated that para sport athletes were seen less often occupying inside social spaces. Consequently, these athletes were more often observed in outdoor spaces. These athletes were observed sprawled on the grass, gathered at small tables at casual dining, relaxing proximate to The Molar in The Village Green, socializing, eating ice cream, playing chess, and making music around the pianos. Athletes with visible impairments were rarely observed in substantial numbers in the Dining Hall (DH), despite numerous visits by the first author and much time dedicated to observation in this space. This absence could be attributed to classification decisions for these Games, such that events for

athletes with more obvious impairment were not included in the competition. Second only to an athlete's bed, the DH is the most frequented Village location for any athlete. Eating, socializing, seeking escape from shared living space in the DH is an integral part of everyday Village life. As well, The Athlete Lounge which operated as pseudo office space for the first author, teemed with athletes from mid-day to early evening. The para sport athlete was conspicuous by her/his absence in this very comfortable, very social, multi-purpose indoor space.

The dynamic between outside social spaces and para sport bodies appeared to be one of ease and welcome, in contrast with inside spaces. Perhaps the intersection of the impaired body and outside spaces in *The Village* created a lived experience of greater social as well as physical accessibility. Our findings illustrated that the embodied experience of exterior spaces apart from the neighbourhood pools, minimized the visibility of bodily impairment. Analysis of the data indicated that para sport athletes gravitated to these spaces. Perhaps the values of inclusivity and accessibility were embodied and realized in these spaces (Smith, 2017). Perhaps too the bodies of para sport athletes were instrumental in the shaping of these outdoor spaces. Lefebvre (1991) emphasized the body's role in the construction of social spaces, and in this location, the creation of socio-spatiality that enhanced participation in Village life, and access to their rights as citizens of *The Village*.

As the Games neared completion, the increased number of para sport athletes in social spaces, both inside and outside, may relate to the end of the competition schedule. As with Dickson et al. (2016), modifications to *The Village* space regarding access needs may have been addressed at this point in the Games, hence improving the para sport athletes' ability to engage with *The Village*. However, this finding may also reflect an evolving, dynamic relationship between Village space and para sport bodies, and the construction of spatiality that supported more substantial participation in Village life (Lefebvre, 1991). In doing so, there is potential for the embodied experience of these spaces to shape the space itself, a space that reflects the desired values of accessibility and integration.

For the purposes of the research, it would have been optimal for the first author to have lived in *The Village*, immersed in Village life and like the athletes, experience *The Village* as ‘home.’ Going forward living alongside the athletes and sharing living quarters and daily meals, being present late in the night and early in the day, will generate more and diverse opportunities to explore the experience and perspective of the para sport athletes with enhanced familiarity. Because of the richness of the data collected during this project, we anticipate conducting future research in sporting spaces of both integrated and non-integrated sporting events, utilizing similar ethnographic methodology to compare the para sport athlete’s experience of the spatiality of the unique sporting space of *The Village*.

4.6 Conclusions

We return to the intent of the research and our primary research question. How did the relationship of *The Village* space with members of the para sport contingent, specifically the para sport athlete, impact the embodied experience of integration, athleticism and inclusion?

Using an ethnographic vignette informed by informal conversations, observational data, and semi-structured interviews with para sport athletes and members of the athlete entourage, we attempted to weave through the narrative, the dominant threads of the research findings. The research findings illustrate that social assumptions regarding para sport, bodily impairment and athleticism were material to the spatial construction and para sport athlete experience of *The Village*. Assumptions around para sport and athletes marginalized the athlete experience of this space and this was demonstrated several ways-language used by some Village volunteers around para sport, lack of volunteer knowledge regarding para sport events, and through implied indifference of some Village personnel to the members of the para sport entourage. Secondly, a heightened experience regarding the visibility of bodily impairment in some Village spaces is a significant finding. Specifically, some para sport athletes’ embodied experience of neighbourhood pool spaces magnified their awareness of difference, of being Other. For some, the relationship of sporting bodies with impairment and these spaces was marked by a sense of social unease and exclusion. The spatiality of these neighbourhood pools provides a

material example of ableist logic at work, space that was constructed with insufficient regard for human variation and social participation for those with bodily difference (Goodley, Hughes, & Davis, 2012). We argue too that ableist logic was responsible for the ‘invisible lines’ that existed in some Village spaces, ‘lines’ that negatively impacted fulsome participation of para sport athletes in Village life. Finally, and of significance, the para sport athlete relationship with outside Village spaces in contrast with inside spaces, including The Village Green replete with pianos and diverse seating option, and casual dining sites, was one of social ease and inclusivity.

We conclude by reiterating that the construction of space is the result of reciprocal, dynamic interplay between the person, social attitudes or headspace and the built environment. Integrated spaces for that value the diversity of athletic bodies, and celebrate the continuum of athletic excellence, are no different. Though a temporary space, spatiality of *The Village* at Commonwealth Games XXI had potential to embody the desired values of integrated sporting practices. Within *The Village*, realization of the values of inclusivity and accessibility was only partial, and came at a price, one incurred by para sport contingent, specifically para sport athletes themselves. Critical conversations with and about para sport athletes, informed by research that foregrounds their relationship with and experience of sporting spaces, are essential to the evolution of sporting spaces that are locations of integration, inclusivity and social equality.

Chapter 5

5 Article Three: All for One and One for All? Integration in High-performance Sport

5.1 Introduction

The Commonwealth Games Federation (CGF) has long been at the forefront of integrated high-performance sporting practices and events. In 1994, Canada hosted the Commonwealth Games in Victoria, BC and demonstration events for elite athletes competing in para sport were included in the competition schedule. In 2002, the CGF voted to adopt an integrated model for all future Commonwealth Games (CG). In accordance with this model, para sport athletes from participating nations are afforded the same privileges and responsibilities of competition as their able-bodied teammates. Para sport events and events for able-bodied athletes take place concurrently throughout the duration of the Games. Athletes reside together in *The Athletes' Village* and medals won by a nation's para sport contingent are included in the all-important medal count. The model is highly relevant considering that the movement towards inclusion and integration of sport is occurring at many levels of sport including the International Paralympic Committee (IPC; Howe, 2007; Legg, 2015, 2018; Purdue, 2013).

Scholarly examination of the opportunities and difficulties associated with integrated sporting practices originated in the disciplines of coaching and adapted physical activity (Block & Obrusnikova, 2005; Kiuppis, 2017; Steadward et al., 2003). Winnick's work (1987) that proposed a continuum of integration has been used to critically assess the presence and absence of true integration in locales of sport and physical activity. Numerous debates remain regarding the merits and remedies required to realize true integration as outlined by Winnick (1987) in high-performance sport (Belleini, 2005; Howe, 2007; Labonich, 1988). The impact of integration and subsequent opportunities has been considered from multiple perspectives including sport administrators (Kitchin & Crosson, 2018; Sorenson & Kahrs, 2006), coaching staff (Taylor et al., 2014), spectators of sport, and the media (Legg, 2018; Misener & Molloy, 2018; Smith & Thomas, 2005). However, almost entirely absent from the dialogue regarding integration in high-

performance sport are voices of the elite para sport community, including the para sport athlete. Failure to include these important stakeholders in discussions around integration is problematic and represents a critical gap in the literature. Theoretically and in practice, too little is known about the lived experience of para sport within the integrated sporting environment. These voices and perspectives can inform, shape and transform the theory and practice of integrated high-performance sport and the hosting of integrated events.

In this paper, the experiences of a community of para sport insiders, including athletes, coaches, health care professionals, and administrators were examined in situ through an ethnographic approach during integrated competition. Specifically, the research addressed the question of how para sport insiders perceive the planning, management, and execution of integrated high-performance sporting events in relation to the increasing agenda of sporting integration and inclusion. Realizing integration in the rarefied environment of high-performance sport is a complex process rife with many challenges (Kitchen & Howe, 2014; Misener & Molloy, 2017; Purdue, 2013). Through understanding the experiences of para sport athletes and sporting personnel whose lives are intimately informed by para sport, sport managers can more effectively pursue equity within the integrated environment. Where existing literature regarding the complexities and potential of integration in sport has focused largely on the isolated perspectives of coaches, spectators and media, this research focused on the in-Games experiences of integration. The aim is to provide actionable strategies that sport managers and event organizers can consider and adopt when planning for and hosting integrated high-performance events.

5.2 Integration in and through Sport

The terms integration and inclusion have often been used interchangeably in sport studies. Theoretically however, the concept of social inclusion refers to opportunities and resources necessary to ensure participation of those who have been excluded in economic, social, political, and cultural life. Thus, social inclusion is a systemic process. Sport organizations like Commonwealth Games Federation (CGF) whose marquee event is the Commonwealth Games, have adopted the term integration to mean selective, rather than equal access, but full acceptance of some athletes within its sporting community.

Scholars have raised concerns about the concept of integration because of the implication that those marginalized (e.g. persons with disabilities) must adopt attitudes and practices of the dominant culture, in this case able-bodied culture. However, the development of Winnick's (1987) five-step sport integration continuum established the groundwork for contemporary understandings of integration in sport. The continuum identifies five levels of integration ranging from adapted sport that is segregated from the mainstream, to a sporting environment, where athletes with impairment are integrated in 'regular sport'. Winnick's work is valuable for conceptualizing integration outside of the physical education setting and within locations of sport, and for demonstrating that integration involves both personal and social adaptations. However, for the purposes of this paper, we need to consider other more contemporary perspectives regarding integration in sport.

Berry's (1997) theory of acculturation has been used by numerous scholars to examine the integration of para sport and able-bodied sport (e.g. Kitchin & Howe, 2014; Kitchin & Crossin, 2018). Sorenson and Kahrs (2006) found that assimilation rather than integration was the dominant outcome of Norway's efforts towards integration in sport. Those authors noted that assimilation, though imperfect was likely the most effective survival mechanism for para sport but served to exclude from participation athletes with higher support needs. Howe (2007) evaluated the integration of Canadian Paralympic athletes within Athletics Canada. He identified accommodation as the outcome of this organizational attempt at integration, due in part to persistent under-valuing of the athletic accomplishments of para sport athletes. Howe located accommodation as "somewhere between assimilation and segregation" (Howe, 2007, p. 146) on the continuum of integrative practices. Similar findings were echoed in the work of Kitchin and Howe (2014) who explored efforts to integrate athletes with impairment and cricket in the United Kingdom. In their work around the organizational capacity of footballs clubs to engage with integration, Kitchin and Howe (2014) concluded that the outcome of integration was that of accommodation and assimilation, rather than integration. Their research demonstrated that often, sport governing bodies use an assimilation approach to the inclusion of people with impairment, rather than an integrative approach.

Jeanes et al. (2018) work offered an alternative perspective in terms of the inclusion and integration of persons with impairment. At the local club level, sport organizations draw upon a normative approach to inclusion, where the provision of para sport is distinct and segregated from the delivery of mainstream sport in the club. The study demonstrated that clubs are struggling to formalize integration practices, continuing to segregate sport programs despite explicit attempts to engage with integration processes. Nevertheless, sport is still often considered a driver of social integration in other contexts (Rich et al., 2015). Hartmann's work (2017) for example, focused on newcomers within a country or culture and considered the ways in which sport is and can be used for social integration. Hartmann's work, like Berry's theory of acculturation (1997), identified multiple stages and degrees of successful integration. The stages are: 1) accommodation or structural integration; 2) acculturation or cultural integration; 3) social integration; and 4) identification integration (Hartmann, 2017). The literature regarding social inclusion of minority groups through integration in sport clearly emphasizes the complexities of pursuing and achieving social integration through sport (Berry, 1997; Winnick, 1987). This research also places strong emphasis on the *process* of integration. Hartmann (2017) reinforced that mutual commitment to integration of both the dominant and non-dominant groups is needed to actualize successful integration. Successful integration through sport is dependent on processes that are systematic, sustained, and actively pursued. Passionate leaders devoted to an inclusive agenda is also critical to the achievement of integration through sport.

The work of Misener and Darcy (2014) considered an alternative framework to conceptualize and interrogate inclusion of para sport. The Inclusion Spectrum, developed by the UK organization *Interactive*, articulates five levels of inclusion from fully integrated sporting activities to events where accommodation is made for athletes with impairment. This framework provides a more nuanced way to understand integration, inclusion and accommodation of people with impairment in sporting locations. Similarly, the work of Harrada et al. (2013) provided a comprehensive overview of the efforts of the Special Olympics movement to integration of people with intellectual impairment (II) through sport. The authors argued that sport can be a powerful driver for integration for

athletes and people with II and yet, substantial social exclusion persists for this population in sport.

Recent research of integration in sport shed light on the opportunities and difficulties of integrating high-performance able-bodied and para sport events. For instance, Misener and Molloy (2018) examined the opportunities and drawbacks of integrating the organizing committees that govern high-performance able-bodied and para sport, specifically the Olympic and Paralympic Games. Cognizant of the challenges associated with event size, integration of the organization of these Games should maximize Games-related resources, both economic and human, and simplify Games planning, organization, and implementation. Less tangible but no less material, Misener and Molloy (2018) indicated that integration poses risk to the Paralympic movement. In order to integrate these two Games, committed, knowledgeable leadership coupled with equitable resource allocation is essential. According to these authors, without these critical elements, assimilation rather than integration of the Paralympic Games with the Olympic Games is a probable outcome.

The preceding discussion illustrates an array of complex issues around integration in sport, including confusion regarding the language of integration. Integration and inclusion have been used interchangeably and synonymously. For the purposes of this paper, we conceptualize integration in sport as the “intermixing of peoples previously segregated” (Howe, 2009, p.148) where reciprocal adaptation of both sporting groups results (Berry, 1997). Though integration in sport remains a priority at many levels, little research has been conducted regarding the experience of integration in high-performance sport. Thus, the purpose of our research was to examine the experience of integration in a high-performance environment from the perspective of those with membership in the para sport community. The voices and perspectives of these para sport insiders was privileged throughout the research process (Powis, 2018; Smith & Sparkes, 2008). By creating space in the research for members of this sporting community, a community that is substantially impacted by the processes of sporting integration and whose voices are underrepresented in sport scholarship, we aim to consider the managerial implications and offer prospects for future consideration.

Aligning with the theoretical notions of integration discussed previously, this research was informed by a rights-based approach to understanding and interpreting the integration of para sport in the location of high-performance sport. A rights-based disability studies perspective was employed for all elements of data collection, analysis, and interpretation. This approach clearly offers an avenue to consider the processes of integration (Kitchin & Crosson, 2012). Critical to the research is an understanding of ableism and how ableistic ideology informs the theory and practices around integration in sport. Ableism describes social assumptions and practices in which the non-disabled experience and perspective are dominant and socially tolerated (Linton, 1998). Ableist ideology considers able-bodiedness as natural and normal, resulting in societal structures and environments that emphasize a normative perspective. Accommodation of human variation and equality for people with bodily difference in all areas of life are foundational tenets of integration and inclusion (Reaume, 2014). This approach to the research allowed us to consider the theoretical and practical realities of planning, management, and execution of integrated high-performance sporting events.

5.3 Methodology

Ethnography as a method of qualitative inquiry provides an approach to foreground and critically investigate the lived experiences of peoples and cultures (Finlay & Ballinger, 2006). In doing so, ethnography places those that often experience social marginalization in a position of authority (Smith & Sparkes, 2008). The subjectivity of the researcher is explicitly acknowledged and valued in this methodological approach to inquiry. In the case of our research, the first author's longstanding involvement with high-performance sport, specifically Paralympic sport, positions her as insider-outsider in the Games milieu. The decision to choose ethnography as the methodology for this project was informed by this positionality (Howe, 2008, 2017; Peers, 2008, 2012). Through the first author's subjectivity, the potential to "illuminate sociocultural meaning of personal experience and connecting personal with the social" can be realized (Chang, 2016, p. 444).

5.3.1 Data Collecting Strategies, Recruitment, and Participants

In April 2018, the first author attended Commonwealth Games XXI in Gold Coast, Australia. She had daily access to *The Athletes' Village* including The Residential Zone, an area of *The Athletes' Village* inhabited almost exclusively by competing athletes. As a veteran of many high-performance events, including six Paralympic Games and one Para Pan American Games, the first author was able to navigate this locale as a Games insider.

Data were collected via ethnographic interviews with para sport athletes from multiple delegations, sustained observations of members of the para sport contingent, and field notes. It is important to note that ethnographic methodology involves fluidity in data collection approaches, where not all conversations are formalized interviews but serve as vital sources of data. Alongside numerous casual conversations, formalized semi-structured interviews with 15 para sport athletes were conducted, increasing the trustworthiness of the findings (Carpiano, 2009). These conversations focused on the athletes' involvement in para sport, competition history including previous Games (Commonwealth/Para Pan American/Paralympic), and their experiences and perspectives regarding the integrated model of competition. Formal interviews with four administrators focused on Games infrastructure, historical decisions around integration, and general observations regarding integration in sport.

To recruit athletes and others to participate in the formal aspects of data collection, multiple strategies were employed and included recruitment posters, meetings with potential gatekeepers (i.e. coaching staff, administrative personnel of multiple delegations, members of national Health Science Teams), and speaking to para sport athletes directly. Targeted recruitment of athletes was used to ensure a representative sample of the para sport contingent attending these Games. Para sport athletes were recruited from multiple para sport events and from high and low resource nations. Athletes with diverse impairments were also targeted for participation in the research.

Critical to the ethnographic approach was daily observation of life in *The Village* (Coffey, 1999; Silva & Howe, 2019; Spradley, 1979). Observation was sustained, ongoing and focused on para sport athletes' social involvement in the daily life of *The*

Village. On-going recording of the observational data in a research journal was completed by the first author. Go along interviews (Carpiano, 2009) and casual conversations with sport administrators, Games volunteers, spectators, and medical staff were carried out to broaden understandings of integration of para sport within a high-performance environment.

5.3.1.1 Para Sport Facts at Commonwealth Games XXI

To contextualize the data and findings, we have included a summary of para sport involvement at Commonwealth XXI. Of the 72 Commonwealth Games Associations (CGA) in attendance at the Games, 20 delegations included para sport athletes (27.7%). While 4,426 athletes competed at Gold Coast 2018 (GC2018), 251 of these athletes competed in para sport events (5.7%). Of the 251 athletes with impairment, 101 identified as female and 150 as male. To further contextualize these numbers, GOLDOC, the Gold Coast Commonwealth Games Organizing Corporation claimed that these Games were the first major multi-sport event to achieve gender equality (<https://gc2018.com>). In her remarks at the Opening Ceremonies, Dame Louise Martin, President of the Commonwealth Games Federation (CGF) stated that “We are proud to champion inclusivity and accessibility for all”.

5.3.1.2 Analysis

Qualitative thematic analysis was conducted informed by the work of Holstein and Gubrium (2011). All data including field notes were transcribed verbatim. The transcript was read in its entirety and edited for content determined to be non-essential to analysis. Recursive analysis, with a focus on words and phrases regarding constraints and opportunities for integration within the high-performance environment, aligning with the theoretical rights-based framework was utilized. Analysis was iterative, and data spiraling was utilized to determine dominant and recurring themes.

5.3.1.3 Reflexivity

A practice of critical reflexivity was utilized to consider what was absent from the data and analytical findings. Field notes in the form of a research journal were maintained and

conversations with critical friends, specifically the second author were ongoing (Smith & McGannon, 2017; Rich & Misener, 2017). While interviews with para sport athletes and other insiders from the para sport contingent were the primary data source, data from the first author's field notes and in situ observations informed data analysis and interpretation. Excerpts from these field notes are also presented to support the findings herein.

5.4 Findings

Thematic analysis enabled the identification of three specific themes that were perceived to substantially impact the experience of integration of para sport insiders in the integrated event. The three themes are discussed and explored in this section: a) Wicked Cost of Integration; b) Does Size Matter? and c) Conflicting Perspectives and Integration. In keeping with the ethnographic methodology, we present the data with thick description from the participants in the study, supported by the first authors reflections. We follow with a discussion of the themes developed herein.

5.4.1 The "Wicked" Cost of Integration

The substantial social cost, that being ableization as a by-product of integration of high-performance sport was fore fronted throughout the research. Ableization, which results in limited opportunities to compete and exclusion from competition, was experienced primarily by athletes with greater physical impairment and by athletes with intellectual impairments (II). In an interview with Neil, a retired Paralympic athlete and now coach, Neil spoke passionately of the ableization of para sport and the 'wicked' social cost of integration. Neil referenced the growing number of chairs in the Dining Hall (DH) at these Games, as evidence of limited competition opportunities for athletes with greater impairment:

There are too many chairs in the dining hall. It is wicked. When I was an athlete, there were no chairs at all in the cafeteria. Today athletes who use a wheelchair must throw chairs away to sit at the table. Paralympic classification is eliminating classes for more impaired athletes, like me to compete. Now, there is less and less opportunity to

participate in Paralympics and now here. Dr. Ludwig Guttman started Stoke Mandeville Games for injured soldiers, the lowest of the low, to compete together, to become stronger. This should be about the athlete, all the athletes.

Onsite observations of the first author confirmed the comments made by Neil. In the Dining Hall (DH) standard chairs were situated around each table without available space for athletes who use a manual wheelchair or motorized chair.

An excerpt from an interview with Adam, a successful, young Paralympic athlete, confirmed that some high-performance para sport athletes are supportive or possibly complacent regarding exclusionary sporting practices towards athletes with greater impairment. Adam, a veteran of multiple Commonwealth and Paralympic Games accepted the exclusion of athletes with greater impairment and athletes with II at these Games as necessary for the evolution of high-performance para sport. Adam's remarks reinforced ableization as normal in the context of elite sport:

This is not a freak show like the Paralympic Games. It is too bad that there are so few classifications at these Games. It is too bad that people don't want to watch all those (para sport) events that are not high-performance sport. Sad but that's the way it goes. Athletes with intellectual impairment (II), it's too bad they're included in Paralympic sport. They have their own Games...they compete at the Special Olympics.

During his interview, Adam also made the following comment: "I love my sport. Though I'm not really disabled, really." Clearly Adam does not identify as disabled, despite sustained involvement and success in high-performance para sport. Adam's remarks represent an ableization of the self, perhaps reflecting his desire to belong to and at this high-performance event. His words provided further evidence of a trend towards ableization of para sport in general, and at these Games. As a successful male para sport athlete, Adam's denial of his identity as 'disabled' reduces the already small delegation

of para sport athletes, impacting this group's agency and ability to disrupt the dominant culture of able-bodied sport.

Observations and field notes confirmed the absence of athletes with II and the near absence of athletes with impairments that had higher support needs. The excerpt below taken from the field notes reflects the first author's experience of the world of high-performance sport.

I get it. The challenges associated with management and implementation of any large sporting event are many and complex. Resources, human, capital and otherwise are not limitless. There are only so many days available for competition. Hosting a large sporting event is an on-going balancing act regarding resources, money and time.

An interview with Nora provided additional insight around the exclusion of athletes with greater impairment. Nora is both a retired Paralympic and Olympic athlete who brought substantial personal high-performance experience to the interview. When questioned about the integration of elite para sport and able-bodied sport, Nora's response was this:

I am not with the supporters of integration. Integration will leave many para athletes behind and unable to take part. I believe that classification is a powerful tool and is being used to ableize para sport, excluding some para sport athletes from competition and including others. I am pleased at the changes made since Glasgow [2014 Commonwealth Games], but classification still limits classes and excludes some athletes.

Classification is an integral part of high-performance para sport, with the intention increasing participation and to level the competition playing field for athletes with diverse impairments. The inclusion of specific classification categories and para sport events varies between sporting events. The outcome of this sport management reality is inclusion of para sport athletes and events that are deemed legitimate for inclusion for

each Games or event, and the exclusion of those who are not. Two athletes from the sport of power lifting echoed Nora's concerns regarding the exclusionary nature of classification, its impact on competitive success or failure, and the subsequent social cost to some athletes:

Classification at these Games has set the bar very high. In para powerlifting, categories have been combined and we are competing against athletes with less impairment. This makes competition unfair. Classification at these Games has made it very hard to win a medal here. If we do not come home with a medal, we are nothing. We will not get money or support to compete.

5.4.2 Does Size Matter?

As introduction to the second analytical theme, successful integration should not directly relate to size of the non-dominant group relative to the mainstream group. Informed by the definition of integration adopted for our research, integration in sport should result in the engagement and valuing of less dominant athletes, in this case para sport athletes, in equitable and meaningful ways. However, size did matter in the context of our research. The second theme *Does Size Matter?* addressed relative size in the context of some of the daily realities of this large sporting event, as experienced by members of the relatively small para sport contingent.

Sally is a health care professional with several decades of involvement with community-based para sport and multiple Paralympic Games experience. During her interview, Sally identified the size of the Games and the commitment of CGF, as integral to the process of integration:

Integration is good and works well here. It works here at Commonwealth Games because the Games are small. Olympics and Paralympics cannot be integrated due to numbers. CGF is also committed to integration and limits the number of sports. This keeps the Games small and I think this is why integration works for Commonwealth Games.

However, as the data demonstrated, maintenance of a small Games also requires decisions around who matters to the Games, who is represented at the Games, and how those with minority status experience the event. Some members of the para sport delegation including Kevin, a para sport athlete competing in table tennis expressed concern about inadequate representation of para sport and athletes in the décor of The Village.

There are so few posters or banners of para sport in The Athletes' Village. I looked and looked and can't find my sport.

Other members of the para sport contingent remarked that they did not see para sport athletes or events reflected during Opening Ceremonies.

I thought Opening Ceremonies were great but didn't see much about us [para sport athletes]. (Todd, track cycling)

Dame Louise Arbor, President of Commonwealth Games Federation (CWG) proclaimed at OC “We are proud to champion inclusivity and accessibility for all.” In response to these remarks, a para sport insider commented:

Have you seen any volunteers with a disability? I haven't. I thought these Games were going to be integrated for everyone...everyone meaning athletes, spectators, volunteers. (Alan, lawn bowls)

Observational data and field notes of the first author confirmed the lack of para sport imagery in *The Athletes' Village* and the small number of visible volunteers with impairment:

I have walked this Village end to end for almost 10 days now. Very few banners on the fences of The Athletes' Village depict para sport. I have seen only two of the seven para sports represented in the banners erected by GOLDOC; power lifting and wheelchair racing. As well, I have only seen one volunteer with an obvious impairment. I see her almost daily working The Athletes' Lounge.

Jake is a retired Paralympic athlete who was employed as part of his country's sport administration staff at the Games. When questioned about his experience of the integrated high-performance environment, Jake reinforced the concerns about the number of para athletes and their opportunities for agency and resistance:

Integration, real integration of para sport and able-bodied sport, requires input from para sport athletes as full and valued stakeholders. For integration to work, there needs to be a balance of conflict and collaboration between the stakeholders and CGF. How can such a small group of athletes effectively 'rock the boat' at a Games like this? If we can't make some noise, ask questions, "rock the boat" at a Games like this, we won't achieve real integration. We all know that a "good cripple is a quiet cripple" and I bet most para sport athletes are just grateful to be here.

Jake's opinion suggests that the small size of the para sport contingent directly impacted para sport solidarity and collective agency, limiting this minority group's ability to 'rock the boat'.

During one interview, Sally an experienced para sport medicine professional also discussed the administrative decisions around integration:

CGF is also committed to integration. CGF limits the number of sports and keeps the Games small. I think this is why integration works for Commonwealth Games.

Sally linked the success of the integrated model to the small number of sports, once again illustrating that size does matter. In contemporary locations of integrated high-performance sport, integration exists for 'for some and not for all'. Her comments support the necessity of committed leadership for integration in sport to be authentically realized. CGF's conviction and commitment to integration represented by several sport administrators was evident in the field notes of the first author:

I have met several senior sport management people who are committed to the integrated model for sport. These are experienced sport administrators. They are passionate in their language and deeply committed to the values of CGF and of these Games. These people are seasoned sport administrators who lost their rose-coloured glasses years ago. They seem united by a conviction that equity in sport is a noble pursuit and the integrated model for sport a vehicle to do so. As I headed to Gold Coast for these Games, I was rather cynical regarding the integrated model and suspicious that integration of para sport was an act of tokenism. However, as I leave the Games, I am cautiously optimistic. CGF seems driven by its values and may have the potential to evolve and deliver an equitable, integrated Games. There are problems, substantial ones, that must be solved including the exclusionary nature of classification. However, with the political will I have witnessed, there might just be a way.

5.4.3 Conflicting Perspectives and Integration

The title of the final theme discussed in this paper reflects the remarkable diversity of experience and opinion regarding integration and the integrated model of sport. Analysis of the data produced some interesting perceptions regarding integration, specific to groupings of participants involved in the research. Interestingly sport administrators and managers demonstrated a clear discourse of commitment to the value of integration for para sport athletes. Lincoln, a sport management scholar, stated:

Integration for the para sport athletes, I'm sure is great. To be part of the main competition rather than following the Olympics like the Paralympics do, must be great [for them].

His opinion regarding the perceived benefits of integration for para sport athletes was reinforced by other non-athletes. The benefits to and for para sport athletes via integration in sport are further reflected in the comments of other non-athletes:

More people who would otherwise not see para sport get the chance to see it...the (para) athletes must love that. (Vivian, Volunteer)

Para athletes want what able-bodied athletes have. Integration like here at Gold Coast allows them to have it all. (Nick, Sport Scientist)

I think it's great that disabled athletes are competing here. I know how I remember my years of competitive sport. I would want that for any athlete. (Alf, Educator/Former Olympian)

Other non-athletes acknowledged and emphasized the social value of the integrated sporting environment. The opinions of these non-athlete participants suggested that integration generated opportunity for rich personal experiences, remarkable stories about disability and sport for public consumption, and new social contexts in which to appreciate the event:

These stories are great. Hearing those stories, the stories of the disabled athletes makes sport more human, less corporate than the Olympic Games. (Bill, Educator/Former Olympian)

I love it. It adds so much to the Games. (Wayne, Shooting Coach)

I have a passion for para sport. Quite frankly high-performance sport for able bodied athletes gets a little boring. (Alan, Physiotherapist)

Unanimous endorsement of the integrated model by multiple non-athlete stakeholders reflects two differing discourses about integration. One perspective regarding integration reflects an assumption that para sport athletes should be grateful for inclusion at these Games. The language used by some non-athletes demonstrates an 'othering' of para sport athletes and conveys a paternalistic attitude towards integration of para sport athletes at the event. A second perspective whereby integration has substantial social value as voiced by non-athletes, is a by-product of the social assumption that integration is desired and desirable. Integration of sport, as exemplified by these Games, provided a platform to highlight *their* social justice agenda, including an opportunity to experience the stories of para sport athletes. Absent from these non-athlete remarks around integration is any

reflection upon the material value of integration for able-bodied athletes. Critical to these findings, is the foregrounding of the non-athlete status of these participants. These participants were not athletes, and none lived with impairment. They lacked the embodied experience of both impairment and of the high-performance athlete. Collectively and unanimously, this group of participants failed to question the value of the integrated competition model of sport. As summarized by Colleen, a volunteer in the Village, “I just thought integration was a good thing. I think everybody thinks so. It never crossed my mind that para sport athletes might not think the same”.

By contrast, para sport athletes did not share a common voice, nor did they unequivocally endorse integration in sport. Perspectives around integration of para sport athletes were diverse, reflecting varied experiences of the integrated model for sport. Several athletes did express support for the integrated model due in part to the experience of belonging; to sport, to team, to nation.

This is good. It is good to compete together. It makes you feel like you really belong to the sport. (Karen, powerlifting)

This is my first Commonwealth Games and think it's fantastic! I feel just like we are one team. (Howard, lawn bowls)

We are one people. We all belong to the same family. The more we come together as one family, the better we will understand this and the better we all will be. (Felix, athletics)

This is how it should be. One country, one team. This is not a freak show that follows the Olympics. (Adam, athletics)

These athletes drew upon the narrative of team in their endorsement of integration. Their interview data suggested that the integrated model provided an opportunity to be part of something bigger and a strong sense of social connectedness. The narrative of team narrative clearly reflected in Jane's comments. She discussed her support for both segregated and integrated models of competition, with an understanding that perhaps these different sporting models served different purposes. According to Jane's interview,

segregated competition privileged a unique connection with the para sport community. Her experience at these Commonwealth Games however, offered her a new perspective on the connections between able-bodied and para sport:

I like both models and think there is a need for both. Para Pans was my first experience and I learned so much about para sport. I was so proud of myself. I like this [Commonwealth Games] model too. I've met athletes I wouldn't have met otherwise, and they learn about my sport and I learn about their sport. I felt part of my team at both Games.
(Jane, athletics)

As noted, the perspectives of para sport athletes about integration was not as homogenous as the opinions of non-athletes. Some athletes demonstrated support for integration because of their heightened experience of team within the integrated model. Other para sport athletes did not endorse the integrated model, reflecting in their remarks the drawbacks highlighted in the first two themes presented in our findings; the substantial social costs of integration including ableization of para sport and its negative impact on Games culture. A key constraint that echoed again regarding para sport athletes' perspectives around integration was the marginality of para sport at these Games, inclusive of the exclusion of some para sport athletes in order adhere to size constraints of the Games:

Paralympic classification is eliminating classes for the most impaired athletes to compete. (Norm, athletics, wheelchair user)

The constraint related to Games size was also reflected in an experience of disconnect and lack of respect that some para sport athletes experienced in relation to their able-bodied counterparts. Kory, a para powerlifter noted:

Here the able-bodied athletes are not as warm and welcoming as para sport athletes. At non-integrated events, we are friendly to one another until we become competitors.

Similarly, para sport athletes also expressed a discomfort regarding the hyper-visibility of their impairment in such an able-ized environment:

So, what I don't like, is that I do feel stared at. When I'm walking up to the Dining Hall or when I start spasming and my bowl of cereal starts dribbling onto the floor. (Ivan, table tennis)

Thus, significant tension was apparent from data analysis regarding the various experiences of integration in the Games environment and how some members of the para sport contingent thought and experienced integrated sporting events.

5.5 Discussion: From Research to Practice

The findings of this study revealed many interesting insights regarding the experiences of the integrated sporting environment for para sport insiders. The event has been conceptualized as an opportunity to bring together able-bodied and para sport athletes to foster a more inclusive sporting environment. The research regarding social integration through sport (Berry, 1997; Hartmann, 2017) emphasizes that successful integration requires vision, strategic planning, commitment from leadership, adequate resources and systematic pursuit of the objectives. As the findings demonstrate, integration of high-performance sport comes with setbacks, constraints and opportunities, echoing the work of other scholars (Kitchin & Crosson, 2018; Legg, 2018; Misener & Molloy, 2018; Smith & Thomas, 2005; Sorenson & Kahrs, 2006). Foregrounding the perspective of important para sport stakeholders in our research also demonstrated several key disadvantages as well as potentialities for change within the integrated model for competitions.

5.5.1 Ableization of para sport events

We return to the powerful literal and figurative metaphor of ableization of para sport- “too many chairs at the table”. The social cost of the integrated model for high-performance is substantial and significant (Darcy, 2019). For some this cost is too high, “wicked” in fact.

Ableization of para sport has evolved for many reasons. Classification has eliminated categories and competition opportunities for some para sport athletes, notably athletes

with II and greater impairment in pursuit of a more high-performance environment (Darcy, Lock & Taylor, 2017). This exclusionary practice has led to inclusion of less disabled or more able-disabled para sport athletes in elite competition (Pullen, Jackson, & Silk, 2016). By definition, “classification in (para) sport reduces the likelihood of one-sided competition, is essential to fair competition, and should have a positive effect on rates of participation” (Tweedy, 2010, p. 3). Within the integrated model, our research indicates that classification does negatively impact event sporting opportunities for specific groups of para sport athletes and failed to construct an equitable field of play. Classification has been used not only to exclude but subsequently include para athletes whose bodies represent the “right kind of disability”, sporting bodies that are most palatable for mainstream consumption (Pullen, Jackson, Silks, 2016, p. 4)

5.5.2 Event size as a constraint

The World Health Organization (WHO, 2011) estimates that 15% of the global population lives with disability. At Commonwealth Games XXI, 5.7% of the athlete delegation competed in para sport events. The inclusion of such a relatively small number of para sport athletes marginalizes their value as people and their credibility as high-performance athletes. A requirement of sporting integration is reciprocal adaptation of both groups where elements of each sporting culture persist within the resultant integrated community (Berry, 1997; Sorenson & Kahrs, 2006). Our research indicates that the small number of para sport athletes at these Games lacked sufficient agency to materially impact mainstream sporting culture, making adaptation by the dominant able-bodied culture unlikely if not impossible. This finding reflects what Kitchin (1998) has argued. Social gatherings are often constructed to ensure people with a disability are kept at the margins, and from the margins, they come to understand when/how they are out of place. In such circumstances, assimilation of the para sport contingent rather than integration is the likely outcome and this concern was voiced by the para sport stakeholders in our research. We contend that it is unlikely that 5.7% of the total athlete population could raise a collective voice; to protest, to collaborate, to agitate for reciprocal adaptation, particularly given the divided voices of these athletes around integration (Marwell & Oliver, 1993).

Our work suggests that size of the para sport athlete contingent does matter. Size of this contingent did impact the process and experience of integration. Our findings illustrate the Games experience for some para sport insiders was marked by under-representation and limited agency. The remarks made by Louise Martin, President of Commonwealth Games Federation celebrating gender equity at these Games are relevant within the context of para sport inclusion. Equivalent representation of para sport athletes in integrated models for high-performance sport is necessary to succeed in the creation of a truly integrated event.

5.5.3 Tensions around integration

We chose to include multiple, verbatim excerpts from interviews with para sport athletes and non-athletes to demonstrate the diversity of perspectives around integration. We wanted to explicitly privilege, hear, and consider these perspectives regarding the integrated model used at this event. The dichotomy of perspectives around integration in sport of non-athletes and para sport athletes was an unexpected finding. Para sport athletes who were interviewed did not speak as one, in support or rejection of integration in high-performance sport. Given the breadth of bodily diversity of this sporting community (seated, standing, neuro-atypical, visually impaired, intellectual impairment, acquired, congenital impairment) it is not surprising that these athletes experience sport in different ways. Athletes who endorsed the integrated model also differed substantially regarding their reasons for this preference. However common to those athletes who favoured integration was the value of belonging; to a team, a sport, a nation, the larger human family. Perhaps these athletes value integration in sport to construct preferred notions of disability and sport, as a steppingstone to equity in sport and in the world outside of sport (Mitchell & Snyder, 2015).

By contrast, non-athletes including sport administrators, health care professionals, coaches and Games volunteers spoke with a common voice, one voice that favoured the integrated model of sport. Earlier we suggested that non-athletes offered a voyeuristic experience of integration having watched rather than lived the integrated model of sport. As able-bodied, non-athletes, these participants did not possess a lived experience of integration, high-performance sport, and disability. Perhaps this positive bias and

presumption of benefit to para sport athletes reproduces hegemonic notions of sport. High-performance sport is synonymous with able-bodiedness. Therefore, inclusion of para sport athletes in a location dominated by able-bodied sport was considered a benevolent gesture for which these athletes should be grateful. Given the mixed perspectives regarding integration voiced by para sport athletes, we need to carefully consider the perspectives of these stakeholders regarding integration. The social relationships between people with impairment and able-bodied individuals has all too often served to reinforce structures of exclusion (Kitchin, 1998). Sport managers and administrators need to seek the necessary input from these important para sport stakeholders to understand the potentiality and approaches to integration.

The legitimacy of integrated and segregated models for high-performance para sport likewise present areas requiring further study. As demonstrated in our research, the social costs associated with integration are material, specifically the ableization of elite para sport. Athletes with greater impairment and II are affected substantially. Arguably these athletes are some of the least powerful athletes in the arena of high-performance sport. Cognizant of the drawbacks and opportunities that are part of the integrated model for high-performance sport, integration has become possible and appropriate for some para sport athletes and not for others. When classification within this model excludes some of the least powerful within the para sport community, integration is reduced to rhetoric and becomes a fiction.

5.6 Practical Implications

5.6.1 Offsetting ableization

We propose two strategies to offset the social cost of integration in sport. To achieve integration in sport, a committed, systematic approach to democratization of sporting environments is necessary (Berry, 1997; Hartmann, 2017). Democratization of the integrated model requires inclusion of para sport athletes who reflect the diversity of the para sport community. As indicated earlier in this paper, inclusion of a sizeable para sport contingent that more accurately represents the global population of those living with impairment will also mitigate ableization. We recognize that event organizers and

administrators are confronted with difficult decisions regarding efficient and effective allocation of resources. These decisions however are powerful ones, for their capacity to include and exclude, integrate or isolate para sport insiders in locations of high-performance sport. These same decisions can offset the social cost of ableization and increase the likelihood of integration ‘for all rather than some’.

A second strategy to offset ableization and the privileging of the able-disabled athlete is by leveraging the vitality of difference inherent in para sport (Imrie, 1996). Many para sport events are unique. Think goal ball and five-a-side football. Para sport athletes differ in form and function from each other and relative to their able-bodied peers. We echo Campbell (2012) and suggest a disavowal of able-bodiedness or in this case, the able-disabled (Pullen, Jackson & Silks, 2019) approach to elite integrated sport. Capitalizing on that which is distinct and different in para sport has potential to disrupt sporting assumptions around para sport bodies, high-performance para sport and to resist ableization. Because of the variety of sporting bodies and diversity of para sport events, para sport is also rich with stories of athleticism and human interest. These narratives are compelling in part due to the nexus of bodily impairment and athletic excellence. By foregrounding and in fact ‘celebrating’ (Howe, 2017) difference, sport media and marketers have a unique ‘hook’ with which to sell para sport and the integrated model. We acknowledge that media has struggled with constructing representations of elite para sport and athletes. Historically athletes have been framed by the media in one of two ways; as sources of inspiration, overcoming their disability through sport or as unidimensional stereotypes, as ‘athlete only’. Both frameworks strip athletes of their human complexity and make invisible the everyday experience of impairment (Purdue & Howe, 2012). However, crippling para sport where bodily and sporting difference is highlighted rather than hidden, offers another avenue to resist ableization of para sport.

5.7 Significance and Conclusions

The purpose of this research was to explore the lived experience of integration in a high-performance environment from the perspective of diverse insiders from the para sport community. The lived experience of athletes was foregrounded when and wherever possible, to make space for voices and perspectives that are often missing or silenced in

sporting dialogue. Given the purpose of the research and the longstanding experience of the first author, an ethnographic approach offered the opportunity to explore the integrated model through the perspectives of the para sport community. Centralizing these perspectives allowed us to identify several unique insights into possible sport management practices in integrated sporting spaces. A key finding for consideration is merits re-iteration. In order to achieve credible integration in sport, reciprocal adaptation and evolution of the values and practices of the two sporting cultures is essential. As noted previously, the relative size of the para sport delegation is also critical to achieving integration. Inclusion of a representative number of para sport athletes integrated sporting spaces and events is fundamental to collective voice, agency and enhances the legitimacy of para sport and athletes in the integrated environment.

Integration in and through sport comes with a price tag. We identified ableization of para sport as highly problematic and a troubling social cost of integration. Informed by this research, managers and administrators of sport are faced with the moral dilemma- the growing exclusion of athletes with greater impairment and II from high-performance competition. Furthermore, integration and resisting ableization of para sport in the integrated model “will not just happen” (Hartmann, 2017). Solutions for the “wicked” social cost of ableization must be pursued in a structured, systematic manner, informed by multiple stakeholders including members of the para sport community. Choosing to leverage the heterogeneity of this community and the “selling” of diversity to the media has potential in the struggle to resist ableization. Increased attention to para sport and para sport athletes in pre-event educational programs, Games cultural programs including Opening Ceremonies, and strategic positioning of marketing and communications material can serve to increase resistance to homogenization of para sport.

As outcomes of this research, several exciting avenues for future study have been identified. We anticipate conducting future research to explore how non-athletes from the world of high-performance sport understands integration and the impact of their shared endorsement of integrated sporting practices. Understanding the biases and assumptions that inform their shared, positive bias regarding integration is critical to understanding how and why integration in sport is presently managed. Research that carefully unpacks

the multiple and varied positions regarding integration by para sport athletes and other para sport insiders is fundamental to the future pursuit and potential success of integration in sport. Exploring the experiences of other marginalized athlete groups in which membership is also highly diverse such as athletes who identify as LGBTQ2 in relation to integration in sport may broaden discussions of integrated sporting practices.

In closing, we reiterate the elemental importance of the para sport voice regarding integration of para sport in high-performance sport. Foregrounding the voices and experiences of these athletes and those whose lives have been authentically informed by elite para sport, will further legitimize the rhetoric of integration and credibly guide the practice of those who manage integration in and through sport.

5.8 References

- Beillini, C., (2015). Paralympics should be Integrated into Main Olympic Games, *Sport, Ethics and Philosophy*, 9, (1): 75–82.
- Berry, J. W. (1997). Immigration, acculturation and adaption. *Applied Psychology*, 46: 5-34.
- Block, M. E. & Obrusnikova. I. (2007). Inclusion in Physical Education: A Review of the Literature From 1995-2005. *Adapted Physical Activity Quarterly*, 23: 103-124.
- Campbell, F. K. (2012). Stalking Ableism: Using Disability to Expose ‘Able’ Narcissism, In D. Goodley, B. Hughes and L. Davis(eds.). *Disability and Social Theory: New Developments and Direction*. Bashingstoke: Palgrave MacMillan.
- Carpiano, R. (2009). Come Take a Walk with Me: The “Go-Along” Interview as a Novel Method for Studying the Implications of Place for Health and Well-being. *Health and Place*, 15 (1): 263-272.
- Chang, H. (2016). Autoethnography in health research: Growing pains? *Qualitative Health Research*, 26(4): 443-451.
- Darcy, S. (2019). Leisure with impact: research, human rights, and advocacy in a reflective review of a research career. *Annals of Leisure Research*, 22(3): 273-285.
- Darcy, S., Lock, D., & Taylor, T. (2017). Enabling inclusive sport participation: Effects of disability and support needs on constraints to sport participation. *Leisure Sciences*, 39(1): 20-41.
- Finlay, L. & Ballinger, C. (2006). *Qualitative research for allied health professionals: Challenging choices*. West Sussex, England: John Wiley & Sons.

- French, D., & Hainsworth, J. (2001). 'There aren't any buses and the swimming pool is always cold!': Obstacles and opportunities in the provision of sport for disabled people. *Managing Leisure*, 6(1): 35-49. doi:10.1080/13606710010026359
- Hammersley, M., & Atkinson, P. (1995). *Ethnography: Principles and practice*. 2nd ed. London: Routledge.
- Harada, C. M., Siperstein, G. N., Parker, R. C., & Lenox, D. (2013). Promoting social inclusion for people with intellectual disabilities through sport: Special Olympics International, global sport initiatives and strategies. In *Disability in the Global Sport Arena*, Routledge.
- Hartmann, H. (2017). *Integration Through Sport: Remarks on criteria for success of programmes and projects*. Retrieved from www.isca-web.org.
- Howe, P.D. (2007). Integration of Paralympic athletes into Athletics Canada. *International Journal of Canadian Studies*, 35: 134-150. <https://doi.org/10.7202/040767ar>
- Howe, P.D., & Silva, C. (2018). The fiddle of using the Paralympic Games as a vehicle for expanding [dis]ability sport participation. *Sport in Society*, 21, (1). <http://www.tandfonline.com/10.1080/17430437.2016.1225885>.
- Imrie, R. (1996). Ableist Geographies, Disablist Spaces: Towards a Reconstruction of Golledge's 'Geography and the Disabled'. *Transactions of the Institute of British Geographers*, Vol. 21(2): 397-403.
- Jeanes, R., Spaaij, R., Magee, J., Farquharson, K., Gorman, S., & Lusher, D. (2018). 'Yes, we are inclusive': Examining provision for young people with disabilities in community sport clubs. *Sport Management Review*, 21(1): 38-50.
- Kitchin, R. (1998). "Out of place," "knowing one's place": Space, power and the exclusion of disabled people. *Disability & Society*, 13, 343-356.
- Kitchin, P.J., & Howe, P.D., (2014). The mainstreaming of disability cricket in England and Wales: Integration 'One Game' at a time. *Sport Management Review*, 17 (1): 65-77.
- Kitchin, P.J., & Crossin, A. (2018) Understanding which dimensions of organizational capacity support the vertical integration of disability football clubs, *Managing Sport and Leisure*, 23:1-2: 28-47. doi: 10.1080/23750472.2018.1481764.
- Kiuppis, F. (2018). Inclusion in sport: disability and participation. *Sport in Society*, 21, (1): 4-21. <https://doi.org/10.1080/17430437.2016.1225882>
- Labanowich, S. (1988). A case for the integration of the disabled into the Olympic Games. *Adapted Physical Activity Quarterly*, 5: 263-272.
- Legg, D., T. Fay, E. Wolff, and M. Hums. 2015. The International Olympic Committee–International Paralympic Committee Relationship: Past, Present, and Future. *Journal of Sport and Social Issues* 39 (5): 1–25.

- Legg D. (2018) Development of the IPC and Relations with the IOC and Other Stakeholders. In: Brittain I., Beacom A. (eds) *The Palgrave Handbook of Paralympic Studies*. Palgrave Macmillan, London.
- Marwell, G., & Oliver, P. (1993). *The critical mass in collective action*. Cambridge University Press
- Misener, L., & Darcy, S. (2014). Managing disability sport: From athletes with disabilities to inclusive organisational perspectives, *Sport Management Review*, 17 (1), 1-7. doi: org/10.1016/j.smr.2013.12.003.
- Misener, L., & Molloy, C. (2018). Organizing and delivering the modern Paralympic Games: Contemporary debates relating to integration and distinction. In: Brittain, I., and
- Mitchell, D. T., & Snyder, S. L. (2015). *The biopolitics of disability. Neoliberalism, ablenationalism and peripheral embodiment*. Ann Arbor: University of Michigan Press.
- Powis, B. (2018). Transformation, advocacy and voice in disability sport research. In: Carter, T.F., Burdsey, D. & Doidge, M. (Eds.). *Transforming Sport: Knowledge, Practices, Structures*. London, UK: Routledge.
- Pullen, E., Jackson, D., Silks, M. (2019). (Re-)presenting the Paralympics: Affective nationalism and the “able-disabled. *Communication & Sport*: 1-23.
- Purdue, D. (2013). An (In)convenient truce? Paralympic stakeholders’ reflections on the Olympic–Paralympic relationship. *Journal of Sport and Social Issues*, 37(4): 384–402.
- Rich, K.A., Misener, L. (2017). Insiders, outsiders and agents of change: First person action inquiry in community sport management. *Sport Management Review*, 20: 8-19.
- Rich, K. A., Misener, L., & Dubeau, D. (2015). “Community cup, we are a big family”: Examining social inclusion and acculturation of newcomers to Canada through a participatory sport event. *Social Inclusion*, 3(3), 129-141.
- Smith, B., & McGannon, K. R. (2017). Developing rigor in qualitative research: problems and opportunities within sport and exercise psychology. *International Review of Sport and Exercise Psychology*: 1-21.
- Smith, B., & Sparkes, A. C. (2008). Narrative and its potential contribution to disability studies. *Disability & Society* 23(1): 17-28.
- Smith, A., and N. Thomas (2005). The 'Inclusion' of elite athletes with disabilities in the 2002 Manchester Commonwealth Games: An exploratory analysis of British newspaper Coverage. *Sport, Education and Society*, 10: 49-67.
- Sorensen, M., & Kahrs, N. (2006). Integration of disability sport in Norwegian sport organizations: Lessons learned. *Adapted Physical Activity Quarterly*, 23: 184-203.

- Steadward, R.D., Wheeler, G. D., and Watkinson, J, E., (2003) *Adapted Physical Activity*. Edmonton, Canada. University of Alberta Press.
- Taylor, S. L., Werthner, P., & Culver, D. (2014). A case study of a parasport coach and a life of learning. *International sport coaching journal*, 1(3), 127-138.
- Winnick, J. (1987). An integration continuum for sport participation. *Physical Activity Quarterly*, 4: 157-161.
- World Health Organization (2020). The World Health Organization estimates that 15%. https://www.who.int/disabilities/world_report/2011/report/en/

Chapter 6

6 Discussion: Preaching from the Choir: Ethnography and Ableism in Sport

6.1 Introduction

In this chapter, two specific threads that originate from the three articles are discussed in detail. The first thread relates to research process, that is the ability of ethnography to capture the many and diverse voices of insiders within the para sport community. The second thread addresses the persistence of subtle forms ableism in high-performance sport and its materiality to this research. The chapter closes with an overview of the transfer of knowledge and sharing of the research findings that have been realized to date.

6.2 Preaching from the Choir: Ethnography and Voices

Historically, biological essentialism has been the dominant view of the sporting body, privileging vigorous, heterosexual, able-bodied masculine bodies (DePauw, 1987). In general, the sporting body, a product of medicalized assumptions about the body, fails to consider the plethora of social criteria that act on the body including gender, race, ethnicity, sexuality, impairment, and class to name just a few. Reconceptualizing sporting bodies as diverse, dynamic social constructions, dependent on location, temporality and culture, holds potential to value the subjective experience of all bodies in and through sport

As discussed in chapter two, feminist scholarship has been credited with “bringing the body back into sociological inquiry” (Zola, 1991). Scholarship that considers and respects the infinite iterations of the embodied experience of sport can be sites to resist and possibly transform dominant narratives regarding sporting bodies and athleticism. Arguably, the arena of elite para sport is an exemplar of the infinite variation regarding sporting bodies and the bodily experience of sport. The objective of my research was to make space in sport science scholarship to hear the many voices that have membership in the ‘choir’ of high-performance para sport. My research privileged the voice and sporting experience of the athlete whenever possible. However, the lived experience of sport of

this important stakeholder is not experienced in isolation but alongside other para sport insiders. To capture and make central the embodied experience of para sport of this community, research methodology and methods that positioned the para sport insider in a position of authority regarding their sporting experience was essential (Smith & Sparkes, 2008).

6.2.1 Polyvocality

My decision to utilize ethnography was instrumental to achieving the objective of this project, and responsible for the breadth and richness of the data and findings.

Ethnographic methods including interviews and observation, were key to the creation of research space and opportunity for participants to author and own their personal stories of high-performance para sport. The methodology was critical to authentically capturing and representing myriad voice and experience of this sporting group. Through ethnography, persistent subtle (and not so subtle) marginalization of para sport in sporting spaces and through sporting practices were brought to the attention of this researcher. It is anticipated that the outcomes of the research disseminated via diverse knowledge translation outlets can positively impact high-performance sporting practices. The process of the research itself, grounded in ethnographic methodology, can provide a compass for future sport science and sport medicine, to inform practice by understanding the embodied experience of the para sport community and the transform dominant sporting narratives and headspace.

Ethnography and its methods provided a very appropriate, fluid methodological map for my dissertation work. Given the objective of my research, I required a methodology that was responsive, dynamic and emergent. Ethnographic field work is embodied work, where the researcher and research participants are co-creators of a progressive, often creative, research process (Coffey, 1999; Finlay, 2002). In the field at Commonwealth Games XXI, I relied on research participants to facilitate recruitment and data collection via introductions to teammates, coaches, and administrative staff. With sustained engagement in the field, by my daily presence in *The Village*, I progressively became part of *The Village* landscape (Coffey 1999; Watts, 2011). This evolving familiarity allowed me to participate more fully in life in *The Village* (Coffey, 1999; Howe 2017), to develop

relationship with potential gatekeepers and research participants, and to collect abundant observational data.

Ethnography has been described as first-hand study of a small community (Howe, 2017). The small community I chose to study was the insider community of elite para sport. Given my longstanding insider-outsider membership with the Paralympic community, I was well equipped to engage in this manner of research. As an insider, many participants trusted me to “get under the surface...to identify and decode hidden messages and pick up on the nuances and cultural meanings” (Campbell, 2015, p. 381) of their in-Games experience of high-performance sport. I was and remain honoured by the trust many research participants placed in me to represent their voices and tell their stories. As a Commonwealth Games freshman, I lacked experience of the integrated model for high-performance and knowledge of the politics of these Games. This outsider-ness was advantageous. I was ignorant of the ethos of CGF and unconstrained by previous experience of a similar Games. My reflexive notes indicated that “I saw what I might not have seen at a Paralympic Games”, given my new role as researcher and the unfamiliar setting of these Games.

6.2.2 Self-Ethnography

This field note observation “I saw what I might not have seen at a Paralympic Games” is a perfect segue to a discussion regarding the critical relationship of voice and ethnography. The initial research presented in Chapter Three foregrounded my voice and experience of Paralympic sport and sport medicine. Through a self-ethnographic approach to the research, one that privileged my personal, embodied experience of Paralympic sport, socio-cultural understandings of the intersection of sport and medicine were made possible. As were some of my research participants, I was hesitant as to the likelihood that my personal experience of para sport could credibly contribute to scholarly knowledge of sport and sport medicine. Like some of my research participants, I was pessimistic regarding the merit of my personal experience to contribute to more public understandings of high-performance sport and medicine. However, through self-ethnography, I discovered how socially marginalized voices (Smith & Sparkes, 2008), like those of people with impairment and ‘insiders’ of the para sport community can be

centralized and heard. Through the polyvocality of ethnography, democratization of voice and perspective in the high-performance arena became possible. When sport is democratized, potential for social equity and emancipation can germinate and grow.

6.2.3 Field Notes and Head Space

All authors agree that ethnographic research is auto-biographical (Coffey, 1999; Finlay, 2002; Howe, 2017). The researcher is an active participant in data collection, analysis and interpretation of the findings. My work as ethnographic researcher clearly demonstrated this and the necessity of critical reflexivity. Prior to engaging with ethnographic research, I considered myself self-aware. I thought I understood the assumptions that I possess, as an able-bodied, well-educated female, and experienced health care professional.

However, early in the research process, I discovered the merits and insights generated by a systematic practice of reflexivity, both personally and as a researcher. As ethnographic method and to enhance the trustworthiness of my research, I engaged with critical reflexivity, as an on-going process of self-awareness (Tracy, 2010). During the self-ethnographic research represented in Chapter Three, I found this extremely challenging. The practice of reflexivity required thoughtful confrontation of myself in relation to decisions I had made around data creation, analysis and interpretation (Finlay, 2002). I remain cognizant that my auto-ethnographic account of my Paralympic experience is in part, a work of ‘historical fiction’ (Howe, 2017). However, by maintaining a reflexive journal, I began to more fully understand the evolution of my own head space; as a para sport insider, an able-bodied, woman of a certain age, and as sport medicine professional. My reflexive notes had become head notes, making explicit the head space I bring to the practice of sport medicine, and to my research. My personal experience with reflexivity confirmed the significance of my dissertation research. “Theoretical or comparative generalizations from the standpoint of the ethnographic example” (Howe, 2017) do possess material academic merit.

By centralizing my para sport insider voice and perspective, the self-ethnographic research confirmed that medicalized head space around impaired sporting bodies and athletic excellence persist in high-performance para sport. The findings from the survey conducted of CASEM membership (see Appendix A) provided further confirmation as to

the embeddedness of the medical lens regarding impairment and ability. Contemporary Canadian sport medicine professionals continue to prefer and value able-bodiedness in sport. I acknowledge my temptation to be silent regarding this research finding (Findlay, 2002). The community of CASEM is my community, my people. The findings from the survey were problematic for me, both personally and professionally. Upon reflection, I recognized that the findings from the self-ethnographic research and the CASEM survey provide a starting point, grounded in trustworthy social science research, for critical conversations with this community regarding our collective head space around para sport. Through (self) ethnography, examination of one/my personal embodied experience of Paralympic sport and sport medicine clearly illustrated the evolution of one/my head space regarding impaired sporting bodies and sport. Future research that centralizes the ethnographic accounts of other sport scientists and medical professionals with para sport will further inform understandings around the nexus of these disciplines.

Before concluding this section regarding the significance of ethnography as methodology, I address a drawback of my positionality within my research. As insider-outsider within the Paralympic community, I possessed the cultural competence to navigate the field of a high-performance sporting event. I connected well with potential research participants, established relationships with gatekeepers, and moved with ease in the field. Engagement with data collection, analysis and interpretation was facilitated by my insider knowledge of the field and the culture of elite para sport. My field notes suggest that as a Commonwealth Games neophyte and first-time researcher, I felt energized by this new role and my Games experience. On occasion however, my positionality complicated my role as researcher to ‘capture’ the voice and in-Games experience of some para sport insiders. Some sport medicine professionals, peers of mine, were dismissive of the qualitative approach to inquiry I had chosen for the research. This negatively impacted their decision to be interviewed. Other para sport insiders expressed concern that the research would be critical of CGF and the integrated model of competition. By inference, I should not, as a para sport insider ‘rock the boat’ and jeopardize relationships of the para sport community with CGF. As well, occasionally maintenance of researcher-participant boundaries was problematic because of previous Games relationships with athletes as a trusted sport physiotherapist.

6.3 Ableism in Contemporary Sport Medicine

Foundational to the discussion chapter are findings presented in a paper titled *Sport Medicine Professionals' Attitudes Regarding Athletes with Physical/Intellectual Impairment* (See Appendix A). While this paper is not included as part of this integrated article dissertation, its findings have informed my larger research project. An overview of the paper and its findings are provided below.

The survey confirmed that medicalized understandings regarding impaired sporting bodies and athletic ability persist in the head space of sport medicine professionals. In turn, these attitudes regarding athletes with impairment continue to impact the practice of sport medicine by some members of the Canadian sport medicine community (Hughes, 2000; Lupton, 2012; McArdle, 2018). It is important to highlight that according to the survey findings, athletes with intellectual impairment (II) experience substantially higher rates of marginalization in contrast with athletes with physical impairment (PI). Only 6.6% of survey participants valued elite athletes with II equivalent to elite able-bodied athletes. This finding reiterates the exclusionary reality of ableization and how it continues to inform medicalized headspace towards para sport.

This is an important and highly problematic finding. Some health care professionals with a special interest in sport prefer healthy, able-bodied, sporting bodies. As a by-product of medicalized understandings of disability, sporting bodies that are healthy and non-impaired continue to be valued more so than sporting bodies with impairment. However, the responsibility of these professionals to maximize health and performance of the high-performance para sport athlete. From this research, I concluded that explicit and more subtle forms of discrimination of sporting bodies with impairment introduce both complexity and possible risk to medical encounters with health care professionals for para sport athletes.

6.3.1 The Stealth of Subtle Ableism

Not all forms of prejudice and discriminatory behaviour, however, are blatant and therefore easily identifiable, as subtle forms of prejudice also exist. Therefore, any attempt to tackle prejudice towards disabled

people must not only focus on overtly discriminatory behaviour but also recognize subtle forms of prejudice, which can be equally damaging. (Deal, 2007, p. 94)

In this discussion regarding the persistence of aversive ableism (Howe, 2008, 2009) or disableism (Howe, 2017, Hughes, 2000) in high-performance para sport, I have chosen to utilize the language of subtle ableism. This preferred terminology is explicit regarding etymology, namely ableism and the insidious nature of this discriminatory practice. The first article in my dissertation, *Investigating the Nexus of Paralympic Sport and Medicine*, examined medicalized assumptions about the impaired sporting body and how these assumptions impacted medical encounters between sport medicine professionals and Paralympic athletes. The research conducted at Commonwealth Games XXI and the CASEM survey clearly illustrated that subtle forms of ableism are alive and well within the practice of high-performance sport medicine. Many years into my involvement with elite para sport, professional peers still query my motivation for continued engagement. As an experienced member of the Canadian sport medicine community, I possess the skills and expertise to engage with all forms of high-performance sport. Implicit in their inquiries is this question: Why are you not engaged with *real* high-performance sport, specifically able-bodied sport? You no longer need to use Paralympic sport as a steppingstone to the Olympics, right? My decision to self-assign and work with Canada's boccia team at both the Beijing and London Paralympic Games surprised some members of the Canadian Health Science Team. Some of Canada's HST questioned whether the sport of boccia required any medical coverage during these Games. Subtle examples of ableism regarding boccia, a Paralympic sport played by athletes with greater impairment, included suggestions by HST members that my clinical skills would be better utilized supporting other para sport events and athletes.

6.3.1.1 Ableism and Spatiality

In the second article that is part of this dissertation, I explored the spatial experience of the para sport insider including athletes at the Commonwealth Games XXI. As important context, space is a negotiated social construction. Lefebvre (1991) argued that "the body (is) at the very heart of space and of the discourses of power" (Friedman & van Ingen,

2011, p. 89). By centralizing sporting bodies with impairment and others whose lives are intimately informed by para sport at the heart of the research, I was able to consider the impact of The Village on the Games experience of the para sport contingent. Medicalized understandings of disability that preference less-disabled sporting bodies was demonstrated in language and headspace that informed this space, including the locations where medical encounters occurred. Medicalized spaces that were too compact and did not include adjustable treatment tables to allow athletes reflect medical understandings of sporting bodies, that shaped these medical locations. The resultant space favoured athletes with less bodily impairment, or the more abled-disabled athletes.

As the title of one article suggests, “There were too many chairs’ at the tables in the Dining Hall (DH).” This phrase serves as a metaphor for the exclusion of athletes with greater impairment from participation at the Games and as a spatial obstacle to social participation. The absence of para sport imagery in *The Village*, the slope of the Main Street, long distances from athlete residences to the DH, and inaccessible pool gates are examples of subtle ableism at work, informing the creation of physical spaces that implicitly prefer more able-bodied bodies. The Village, like the broader, social world was designed and constructed with insufficient regard for the athlete or person with impairment, demonstrating non or disregard for the rights of the athlete/person with impairment to social participation in this space (Hahn 1985,1996; Imrie, 1996).

The work of Packer, McKercher, and Yau (2007) was inspiration for the conceptual framework for my research. Their research demonstrated that the spatial experience of people with impairment is the result of ongoing interplay between the body, attitudes or social headspace, and the built environment. During the research process, I became acutely aware of the impact of head space on the Games experience of the para sport insider; in relationship to the spatiality of the Games and the integrated model for sport. CGF has demonstrated commitment to the values of “humanity, equality and destiny” (Retrieved from <https://thecgf.com>) and has been at the sporting forefront of equity and opportunity for para sport athletes. However, *The Village*, the athletes’ city (Lefebvre, 1991) continues to be informed by an ableistic head space that favours the able-bodied, less-impaired athlete. Neighborhood pools were inaccessible. Para sport athletes

experienced hyper-visibility of impairment and a greater sense of Other in some Village spaces. Administrative “fence(s)” are required to protect para sport athlete participation. Games volunteers were unaware of the para sport schedule integrated in the competition schedule. The social experience of inclusion and exclusion of para sport insiders in this space was the consequence of the nexus of subjectivity of the impaired sporting body and the space itself. The data included above are exemplars of the persistence of a sporting head space dominated by able-bodied notions of sporting bodies and high-performance sport.

6.3.1.2 Ableism and Integration

The third research question was explored most extensively in the final article of my dissertation. It examined the experiences and perspectives of para sport athletes and their entourage of the integrated model for high-performance sport. The merit, pitfalls, and potential of the integrated model for high-performance sport has been considered from multiple perspectives including those associated with sport administration (Sorenson, & Kahrs, 2008), coaching staff, spectators of sport, and the media (Legg, 2018; Misener, & Molloy, 2018; Smith, & Thomas, 2005). Based on my review of the literature, critically absent from the scholarly literature regarding integration of para and able-bodied sport was the perspective of the para sport athlete and others para sport insiders. With interest, I addressed this problematic gap during my dissertation research.

At the outset of my research, I was cautiously optimistic about the benefits of the integrated model for high-performance sport. Informed by the literature and my own lived experience of Paralympic sport, I considered pursuit of integration in sport as a potential site for greater sporting and social equity for the para sport community. Reflecting on my findings as presented in the third article *All for One and One for All? Integration in High-performance* has caused me to reconsider my position around integration. The findings illustrated that integration comes with a substantial social cost, that being the ableization of para sport. As the title of the article suggests, integration is for some para sport athletes but not for all. The research supported that sporting bodies that conformed to traditional assumptions of masculinity and physicality had more competition opportunities than athletes with greater impairment. Classification at these

Games favoured the inclusion of para sport athletes with less impairment, and excluded athletes with II and athletes with greater bodily impairment. In interviews, some para sport athletes considered the exclusion of these athletes as overdue and necessary to the development of high-performance. Other athletes considered normalization or ableization of elite para sport, problematic, in part due to the challenges associated with allocation of scarce or finite resources. Some considered ableization to be “wicked”, an affront to the history and ethos of para sport. Exclusion of athletes with greater impairment demonstrates a distinct preferencing of sporting bodies in which form and function are less-impaired, more able-bodied. These exclusionary practices also demonstrate how ableism, overt and otherwise, informs the headspace of elite para sport.

As discussed in Chapter Five, Howe (2007) defined true integration in sport as the result of intersection of two sporting cultures. When this occurs, there is reciprocal adaptation and evolution. A fusion of cultures results, and both sporting cultures change and evolve. Integration does not “require the ‘other’ to stay in its niche as it is pressed into the mould of the normal” (Goggin & Newell, 2003, p. 149). Exclusionary practices that subsequently eliminate competition opportunities for athletes with greater impairment result in the inclusion of more able-bodied para sport athletes, contributing to a homogenization of the para sport community. Cashmore (2000) wrote that “sports’ vilest function is in persuading whites that as long as blacks continue to succeed athletically, the American dream is still alive, and race poses no barrier to achievement” (p. 120). I suggest a parallel scenario, grounded in my research findings. If more abled, less disabled athletes are successfully integrated in mainstream (read able-bodied) high performance sport, little accommodation or acknowledgement of bodily impairment by the dominant culture of sport is required. As the impaired sporting body vanishes, an assumption of sporting and social equity for para sport athletes takes hold.

Furthermore, the research findings regarding the integrated model of high-performance sport reflected positive social assumptions regarding integration in sport. However, and importantly, endorsement of the integrated model was limited exclusively to research participants who were non-athletes. Non-para sport athletes, including sport administrators, health care professionals, Games volunteers and spectators were

unanimous in their preference for the integrated model. Remarkably, this finding was inconsistent with the very mixed and diverse perspectives of para sport athletes. As stated in Chapter Five, my intention was to make research space to hear and listen well to the diversity of voices representative of the para sport community regarding integration. Future and further analysis of the data of athletes and non-athletes regarding integration is essential to the identification of assumptions that inform sport policy and practice of the integrated model of competition. Understanding who has a seat at the decision-making table and who is absent, regarding models of participation, also requires careful examination. Scholarly investigation that explores and interprets the multiple and varied perspectives of the para sport athlete regarding the integrated model is fundamental to understanding when and if to be integrated in sport.

As an insider-outsider of the para sport community, I can offer a possible explanation informed by my experience of Paralympic sport and the disability studies literature. St. Pierre and Peers (2016) claimed that third person narratives about people with impairment are often constructed around themes of powerlessness and dependence, inspiration and inferiority, themes that maintain the dominant narrative of able-bodiedness. To date, there is insufficient research to centralize the embodied narratives of members of the Paralympic community, the narratives of those with intimate knowledge of the nexus between the impaired body and high-performance sport. Notable exceptions include the work of retired Paralympic athletes such as Peers (2009, 2012) and Howe (2008, 2017) and the research of other Paralympic insiders including McMaster, Culver, and Werthner (2012). In general, however, sporting scholarship has not adequately centralized the voices and perspectives of this sporting community, and, therefore, dominant narratives of sport medicine, science and sport scholarship regarding para sport persist. I take the unusual liberty of re-introducing data into this discussion and let the data tell the story.

I just thought integration was a good thing. I think everybody thinks so.

It never crossed my mind that para-athletes might not think the same.

Gold Coast Games Volunteer

6.4 Research Outcomes

As Tracy does (2010), I value qualitative research conducted with rigor and the opportunity to share findings broadly. Given my professional background and my maturity, I consider myself a likely public scholar rather than a career academic. Seeking and creating opportunities to communicate the findings of my research in creative and accessible ways has been a priority throughout my doctoral studies. By harnessing the power of the personal stories and voices of athletes and other insiders from the high-performance para sport community, this research holds potential to inform diverse sporting spaces, policy, and practices (Smith, & Sparkes, 2008). It is my privilege to share the stories of the community of para sport insiders. I am aware of the politics of representation and presentation (Kindon, Pain, & Kesby, 2008), and have considered in which spaces, at what times, and if I have the authority to represent these perspectives. As discussed earlier in my dissertation, I occupy an enviable location in the world of elite para sport, that of insider-outsider. I propose that my positionality assists my credibility for sharing the knowledge generated by this research. This same positionality affords me access to diverse and interesting spaces to share the outcomes of my research.

Regarding outcomes for my research, I have adopted an asset-based approach, focused on the potential to positively impact sporting practices. My intention is also to “let the data tell the story” (LaVoi & Silva-Breen, 2018) when sharing knowledge rather than adopting the role of expert regarding the research. Shortly after returning to Canada post Commonwealth Games XXI and based on preliminary analysis of the data, I provided A Summary of Gold Coast 2018 Issues: The Para Sport Athlete Perspective (see Appendix F) to Mr. Richard de Groen, Development Director with CGF and Ms. Natalie du Toit, Member of CGF’s Athletes’ Advisory Commission. In my role as ethnographic researcher, I met these individuals in *The Athletes Village*. Interested in hearing the opinions of the para sport delegation and learning about my methodological approach to data collection, they connected me to potential gatekeepers and potential research participants.

Ms. Du Toit, the para-sport representative on CGF’s Athletes’ Advisory Commission, hosted townhalls during the Games aimed at “getting feedback” from para sport athletes

about issues of importance to them during and outside of competition. I attended one townhall where two para sport athletes participated, after which Ms. Du Toit requested a summary of my findings. Following my Games interaction with Mr. de Groen, I provided him with a copy of each article included in this dissertation. As an outcome of my engagement with Mr. de Groen, CGF has since presented a proposal to Western University regarding a partnership with CGF to deliver The GAPS Programme (Gather Adjust Prepare Sustain). GAPS also known as A Commonwealth Para Athlete Inclusion Programme was piloted in Oceania prior to Commonwealth Games XXI. CGF is actively seeking other leading universities to deliver similar programs in collaboration with Commonwealth Nations in Africa, the Caribbean, and the Americas.

At the 2018 CASEM annual symposium, I presented a poster titled *Attitudes of Sport Medicine Professionals regarding Athletes with Impairment*. The poster provided an overview of the findings from the electronic survey conducted at the previous year's CASEM conference. A more complete representation of these research findings is found in my article *Sport Medicine Professionals' Attitudes Regarding Athletes with Physical/Intellectual Impairment*. (See Appendix A). In 2019, the Scientific Committee of CASEM selected my abstract for poster presentation at its annual conference. Informed by my dissertation research, the presentation was titled *Sport Medicine Professionals: Gatekeepers to Para Sport and Physical Activity*. The abstracts were published in *The Clinical Journal of Sport Medicine*.

VISTA is the biannual sport science/sport medicine conference of the International Paralympic Committee. In 2017, I made an oral presentation regarding the self-ethnographic research I conducted. The title of the presentation was *Let Me Hear Your Body Talk: Narratives of Sport Physiotherapy and Paralympic Bodies*. In 2019, the Scientific Committee selected my work for oral presentation. The title of the presentation was *"Too Many Chairs at the Table": The Athlete Perspective of Inclusion/Exclusion*. The presentation summarized the research findings pertaining to the impact of sporting spaces on the para sport delegation at Commonwealth Games XXI.

I also had the opportunity to present my findings at the North American Society for the Sociology of Sport (NASSS) in 2017 and 2018. In 2017, my oral presentation *Paralympic Pedagogy: Understanding the Culture of Paralympic Sport* focused on findings from my self-ethnographic research on the nexus of sport medicine and Paralympic sport. In 2019, my podium presentation *The Athlete Village: Pianos, Pools and the Pub* critiqued the intersection of spatiality and the para sport contingent at Gold Coast 2018.

In 2018, The European Association for Sport Management (EASM) chose accepted my abstract for their annual conference. In my oral presentation titled *Managing Para-Athletes' Experience and Engagement with Sport Medicine in Large Scale Sport Event*, I summarized my research of the lived experience of medical encounters during a high-performance event from the perspective of the para sport delegation in order to inform management practices around the delivery of in-Games health care.

As I assemble this dissertation, articles two and three, *Too Many Chairs: Spatiality and Disability in Integrated Sporting Spaces* and *All for One and One for All? Integration in High-performance Sport* respectively have been submitted to peer reviewed journals for possible publication. I recognize the importance of getting my findings into the academic literature.

Thinking beyond the academic journal and the podium (Kendon, Pain, & Kesby, 2008), I contributed a blog to the Sport Information Resource Centre (SIRC) website. The blog entry called *Integration in Sport: To Be or Not to Be* provided an accessible summary of the research findings pertaining to the integrated model of competition, foregrounding the perspectives of para sport athletes and Games personnel at Commonwealth Games XXI.

Future opportunities to share participants' narratives and important understandings derived from this research in diverse and accessible ways are considered in the final chapter.

6.5 References

Cashmore, E. (2000). *Sports culture: An A-Z guide*. London: Routledge.

- Chang, H. (2016). Autoethnography in health research: Growing pains? *Qualitative Health Research*, 26(4): 443-451.
- Clifford, J. (1986). Introduction: Partial truths. In J. Clifford and G. Marcus (Eds.), *Writing culture: The poetics and politics of ethnography*. Berkeley, CA: University of California Press: 1-26.
- Coffey, A. (1999) *The ethnographic self: Fieldwork and the representation of identity*. London: Sage.
- Commonwealth Games Federation (2020). CGF has demonstrated commitment to the values of “humanity, equality and destiny”. <https://thecgf.com>
- Deal, M. (2007). Aversive disablism: Subtle prejudice toward disabled people. *Disability & Society*, 22(1): 93-107.
- DePauw, K. (1997). The (in) visibility of disAbility: Cultural contexts and “sporting bodies.” *Quest*, 49: 416-430.
- Dwyer, S.D. & Buckle, J.L. (2009). The space between. On being an insider-outsider in qualitative research. *International Journal of Qualitative Methods*, 8(1): 54-63.
- Finlay, L. (2002). “Outing” the researcher: The provenance, process and practice of reflexivity. *Qualitative Health Research*, 12(4): 531-545.
- Friedman, M. T., & van Ingen, C. (2011). Bodies in space: Spatializing physical cultural studies. *Sociology of Sport Journal*, 28: 85-105.
- Goggin, G., & Newell, C. (2003). *Digital Disability. The Social Construction of Disability in New Media*. Lanham, Maryland: Rowman and Littlefield Publishers, Inc.
- Howe, P.D. (2007). Integration of Paralympic athletes into Athletics Canada. *International Journal of Canadian Studies*, 35: 134-150.
<https://doi.org/10.7202/040767ar>
- Howe, P. D. (2008). *The Cultural Politics of the Paralympic Movement: Through the Anthropological Lens*. London: Routledge.
- Howe, P.D. (2009). Reflexive ethnography, impairment and the pub. *Leisure Studies*, 28(4): 489–496.
- Howe, P. D. (2017). Athlete, anthropologist and advocate: Moving towards a lifeworld where difference is celebrated. *Sport in Society*: 1-11.
- Hughes, B. (2000). Medicine and the aesthetic invalidation of disabled people. *Disability and Society*, 15(4): 555-568
- Kindon, S., Pain, R., Kesby, M. (Eds.). (2008). *Participatory action research approaches and methods. Connecting people, participation and place*. Routledge.
- LaVoi, N. M., & Silva-Breen, H. (2018). *Head coaches of women’s collegiate teams: A comprehensive report on NCAA Division-I institutions*, Minneapolis: Tucker Center for Research on Girls & Women in Sport.
- Lefebvre, H. (1991). *The Production of Space*. Oxford: Blackwell.

- Legg, D. (2018). Development of the IPC and relations with the IOC and other stakeholders. In: Brittain, I., and Beacom, A. (Eds.). *The Palgrave handbook of paralympic studies*. London, UK. Palgrave Macmillan: 151-172. doi: 10.1057/978-1-137-47901-3_10.
- Lupton, D. (2012). *Medicine as culture: Illness, disease and the body*. Sage.
- McArdle S., Meade M., & Burrows E. (2018). Service providers' attitudes toward athletes with eating disorders. *Clinical Journal of Sport Medicine*, 28: 51-55.
- McMaster, S., D. Culver, & Werthner, P. (2012) Coaches of athletes with a physical disability: A look at their learning experiences, *Qualitative Research in Sport*, 4(2). DOI: 10.1080/2159676X.2012.686060.
- Misener, L., & Molloy, C. (2018). Organizing and delivering the modern Paralympic Games: Contemporary debates relating to integration and distinction. In: Brittain, I. and Beacom, A. (Eds.). *The Palgrave handbook of paralympic studies*. London, UK. Palgrave Macmillan: 97-219. DOI: 10.1057/978-1-137-47901-3_10.
- Packer, T. L., McKercher, B., & Yau, M. K. (2007). Understanding the complex interplay between tourism, disability and environmental contexts. *Disability and Rehabilitation*, 29(4): 281-292.
- Peers, D. (2009). (Dis) empowering Paralympic histories: Absent athletes and disabling discourses. *Disability & Society*, 24(5): 653-665.
- Peers, D. (2012). Interrogating disability: The (de)composition of a recovering Paralympian. *Qualitative Research in Sport, Exercise and Health*, 4(2): 175-188.
- Smith, B. & Sparkes, A.C. (2008). Narrative and its potential contribution to disability studies. *Disability & Society*, 23(1): 17-28.
- Smith, A., & Thomas, N. (2005). The "inclusion" of elite athletes with disabilities in the 2002 Manchester Commonwealth Games: An exploratory analysis of British newspaper coverage. *Sport, Education and Society*, (10): 49-67.
- St. Pierre, J., & Peers, D. (2016). Telling ourselves sideways, crooked and crip: An introduction. *Canadian Journal of Disability Studies*.
<http://dx.doi.org/10.15353/cjds.v5i3.293>.
- Spradley, J. P. (1979). *The ethnographic interview*. Long Grove Illinois: Waveland Press Inc.
- Sorensen, M., & Kahrs, N. (2006). Integration of disability sport in Norwegian sport organizations: Lessons learned. *Adapted Physical Activity Quarterly*, 23: 184-203.
- Tracy, S.J. (2010). Qualitative quality: Eight 'big tent' criteria for excellent qualitative research. *Qualitative inquiry*, 16(10): 837-851.
- Woodward, K., 2008. Hanging out and hanging about insider/outsider research in the sport of boxing. *Ethnography*, 9(4): 536-560.

Zola, I. (1991). Bringing our bodies and ourselves back in: Reflections on a past, present and future "medical sociology." *Journal of Health and Social Behavior*, 32(1): 1-16.

Chapter 7

7 Conclusions: From Research to Practice

7.1 Introduction

This chapter outlines opportunities for future research informed by the research findings and limitations of the current work. Unrealized avenues for knowledge translation are summarized, focusing on opportunities outside of traditional academic avenues (Kindon, Pain & Kesby, 2008). A conclusion section highlights the significance of the research.

7.2 From Research to Practice

7.2.1 Applications and Tools

As a health care professional and committed member of the Canadian Paralympic community, the persistence of medicalized assumptions expressed by my professional colleagues regarding athletes with impairment is problematic. The response rate of 17.5% of the survey conducted at the CASEM conference (see Appendix A) is considered acceptable. A larger sample size would add enhanced understanding of the headspace and perceptions of sport medicine professionals around athletes with PI and II. Regardless, people living with impairment interact with their health care professionals frequently over the life span. Lupton (2012) described a relationship of active dependence between people with impairment and their health care providers. Despite the sustained nature of the medical-rehabilitation relationship, these professionals bring historical notions of the impaired body and ability to the medical encounter. Williams, Smith and Papathomas (2018) identified physiotherapists and other health care professionals as ideally located to introduce sport and physical activity to people with impairment. Yet, only 1% of this population of Canadians are consistently engaged with sport and/or physical activity (Policy on Sport for Persons with a Disability, 2006). Further research to explore what information, tools or applications are required by health care professionals to embrace the trusted role as gatekeeper to para sport and physical activity is necessary. Facilitating exercise prescription and endorsement of sport and physical activity by health care professionals can positively impact rates of participation for people with impairment.

Furthermore, assisting health care professionals in this role, may contribute to a shift of medicalized perspectives regarding the physical abilities of bodies with impairment.

A sport medicine colleague also an academic, suggested a take-home questionnaire that clinicians could provide to patients to self-probe sport/physical activity preferences and perceptions of physical abilities would be helpful. This information would support conversations about sport and physical activity with patients who live with impairment. This type of tool makes space within the medical encounter for the voice and perspective of those with impairment. As a clinical conversation starter, this tool can also socially inform the medical-rehabilitation relationship, providing non-medicalized insight into the lives of the people with impairment. A review of the literature to determine the existence of such tools has not been completed and remains an unrealized, potentially practical outcome of the research. As well, development and distribution of an infographic that creatively ‘asks’ health care professionals to reflect on their personal and professional understandings of bodily impairment and physical activity could be a useful tool. The impact of the infographic to disseminate knowledge regarding health and wellness broadly and effectively is well documented (Murray, Murray, Wordie, Murray & Simpson, 2017). Harnessing this medium to share the findings with my sport medicine colleagues has not been accomplished but is also a promising future output of my research.

7.2.2 Ethnography and Sport Science

As discussed in the previous chapter, my research is significant in part due to the choice of methodology. Foregrounding the in-competition voice and experience of a group of para sport insiders was a unique approach to carrying out sport science research. Despite my initial reluctance to utilize ethnography, this approach to the study of this small community (Howe, 2017) was essential to the quality of the work and credibility of the findings (Tracy, 2010). Interviews with and observation of research participants, two primary ethnographic methods for data collection (Spradley, 1979) were necessary to achieve the research objective; to make space to hear the many voices and foreground the lived experience of high-performance sport of those with membership within the para sport community including the para sport athlete. As I indicated in my field notes, I

needed to be ‘present, patient and persist’, to become familiar and potentially trustworthy to those considering participation in my research. My sustained involvement with Paralympic sport placed me in an enviable position. As an insider-outsider, I was able to understand and interpret the data, enabling me to produce an ethnographic account of the embodied experience of high-performance para sport from the ‘inside’ (Holt, 2011b). Going forward, conducting similar research at the next Commonwealth Games, to be held in Birmingham, UK in 2020 could effectively augment the research objective and findings of this ethnographic ‘pilot study’. Given the positive response to this research and relationship-building that has occurred with both CGC and CGF, the scope of research at future Commonwealth Games might be broadened, with engagement of greater number of para sport insiders.

Conducting this type of ethnographic research in the high-performance space of a Paralympic Games would further enhance sporting knowledge around the embodied experience of elite para sport. Exploring the Games perspective of athletes and members of the athlete entourage in the non-integrated milieu of a Paralympic Games, would provide opportunity to compare research findings from both sporting locations, the integrated and segregated models of para sport competition.

7.3 Conclusions

Informed by the perspectives of ‘insiders’ from the para sport community, it is important and necessary to critically consider bodily difference and athleticism within a sociology of sport. At the outset of my doctoral research, I intended to exclusively foreground the voice and experience of the para sport athlete, a voice that historically been silent within the arena of high-performance sport. The voice of these athletes is made quieter still by their embodied experience of impairment and disability outside of the sporting world. Social marginalization and an inability to participate fully in in society continues to reflect the lived reality of people with impairment (Hughes, 2000). Peters (2016) reiterated that “A good cripp is a quiet cripp” inside and outside the world of sport (<https://mssinenomineblog.wordpress.com>). Upon completion of my self-ethnographic research, I more fully understood the value and necessity to hear the perspectives of others within the high-performance para sport community whose lives are intimately

informed by sport. The research demonstrated how my experience of Paralympic sport was catalyst for my personal and professional evolution; from rehab professional reared on the doctrine of the medical fraternity to a committed, socially informed ally of the para sport community. Using ethnography to foreground my embodied experience of Paralympic sport was impetuous for broadening my research objective. The para sport athlete is an extremely important stakeholder in this community of sport whose input is vital to understanding larger social and cultural realities of elite para sport. However, the athlete does not exist in isolation but within a sporting community. The athlete voice is a material voice within the chorus of other para sport insiders. Like me, the lives of these insiders have been shaped and informed by the ethos and practices of para sport. My research attempted to make central the lived experiences of high-performance of a collective of para sport insiders. The research illustrated the heterogeneity of voice and perspective of this sporting community, a community that is often misrepresented in non-diverse ways. By foregrounding and exploring the personal experiences of athleticism and impairment within high-performance sport, some of the larger cultural and social realities of elite para sport were realized.

The medical model of disability persists in high-performance sport. Some contemporary sport medicine professionals report marginalizing attitudes towards sporting bodies with impairment and their abilities as high-performance athletes. Ableistic assumptions regarding non-disabled bodies by sport medicine professionals often manifest subtly; choosing not to engage with para sport, non-prescription of physical activity/sport in the clinical setting, claiming insufficient knowledge regarding sport participation and people with impairment. From my early involvement in Paralympic sport, I contend that a shift in medical narratives regarding impairment and disability, though nuanced and slow, is taking place. I suggest that the more socially informed practice of sport medicine has played a role in this attitudinal evolution. I remain indebted to CASEM for allowing me, a CASEM insider, to survey our membership and explore our collective headspace around sport and impairment. CASEM has also made space in the scientific program of the annual conference to present my research findings, prompting somewhat difficult but critical dialogue regarding our positionality and high-performance para sport.

Pools. Pubs and Pianos. My research centralized the perspective of the para sport insider regarding spatiality and sporting spaces at Gold Coast 2018. The findings confirmed the headspace that informs the construction of sporting spaces, even the integrated spaces of a Commonwealth Games, reflects ableistic ideology. Social spaces such as in-accessible pools, too many chairs in the Dining Hall, small medical clinics subtly exclude participation of para sport athletes in these spaces. Smith's work (2017) however illustrated the potentiality of venue spaces as locations of transformation. In these spaces customary values and social practices are resisted and replaced by values and ideas that reflect the intentions of the space. The ethnographic vignette in Chapter Four spoke of outdoor spaces that included pianos, furniture for sitting/standing, ice cream and large outdoor screens to watch the Games collectively. Groups of athletes gathered in these locations, groups of able-bodied and groups of para sport athletes and integrated groups of athletes. My research indicated that these spaces evolved to reflect values embraced by CGF; equality and integration. As a sporting *communitas* (Murphy, 1987; Turner 1969), these spaces resisted social marginalization and separateness that is part of the lived experience of people with impairment. *The Village Green*, much like a Town Square was transformed into a site of social participation. Bodily difference seemed less obvious, less important than social engagement with other athletes and residents of *The Village* (Lefebvre, 1991). As with medicine and some allied medical professions, the dominant effective narrative of high-performance sport remains entrenched in able-bodiedness. My research and the work of other scholars (Lefebvre, 1991; Murphy, 1987; Smith, 2017) highlight the merit and value of sporting *communitas*. When informed by the embodied experience of sport and body impairment, there is opportunity to purposefully construct sporting spaces that represent desired and specific values of a given event. The democratization of sporting spaces where the values of inclusivity and equality are embodied, a shift of the hegemonic ideal of able-bodiedness in sport can be resisted and shifted.

As I reflect upon the value of my research, I return to the significance of my chosen methodology. Fundamental to ethnographic research is the sharing of power between the researcher and the research participants (Campbell, 2015; Coffey, 1999; Finlay, 2002; Spradley, 1979) and the co-creation of knowledge. Murphy (1987) in his foundational

ethnography stated that the powerful must share power for dominant narratives to shift. During this research, ethnography was the tool by which to share my authority, my power as health professional and researcher with the research participants. In doing so, insiders of the para sport community could exercise agency and ownership of their embodied experiences of high-performance sport. Collaboratively, we interrogated medicalized assumptions around impairment and sport. Together, we examined the inclusionary and exclusionary experience of sporting spaces. Jointly, we unpacked how, when and if integration in sport was optimal for the para sport community. By sharing the power embedded in ethnographic methodology, this research created space for members of the para sport community to share perspectives, ideas and experience regarding athleticism and impairment in the high-performance environment. With respect to this research and future sport scholarship, ethnography allowed for authentic exploration and creation of new understandings of the embodied experience of elite para sport. Knowledge generated through my research of the personal experiences of para sport insiders was in some cases, uncomfortable and disruptive of accepted understandings around sport medicine and sport science. The research findings have also contributed to a collective, more public understanding of high-performance para sport.

In conclusion, sport scholarship that embraces qualitative methods of inquiry such as ethnography can create space for the voice and lived experiences of sporting bodies with impairment. By doing, the potential to inform, resist, shift and transform dominant sporting narratives and practices in the sporting milieu is created.

Just ask.

Let the data tell the story.

7.4 References

- Campbell, P. (2015). A ('black') historian using sociology to write a history of 'black' sport: a critical reflection. *Qualitative Research in Sport, Exercise and Health*, 7(3): 377-394, doi: 10.1080/2159676X.2014.949834.
- Canada Heritage Sport Canada. Policy on Sport for Persons with Disability. Retrieved from www.pch.gc.ca/pgm/sc/pol/spt/tdm-eng.cfm.

- Coffey, A. (1999) *The ethnographic self: Fieldwork and the representation of identity*. London: Sage.
- Finlay, L. (2002). "Outing" the researcher: The provenance, process and practice of reflexivity. *Qualitative Health Research*, 12(4): 531-545.
- Holt, R. (2011b). Sport and the British: its origins, ideas and composition. *Sport in History*, 31 (2): 137–148.
- Howe, P. D. (2017). Athlete, anthropologist and advocate: Moving towards a lifeworld where difference is celebrated. *Sport in Society*: 1-11.
- Hughes, B. (2000). Medicine and the aesthetic invalidation of disabled people. *Disability and Society*, 15(4): 555-568
- Kindon, S., Pain, R., Kesby, M. (Eds.). (2008). *Participatory action research approaches and methods. Connecting people, participation and place*. Routledge.
- Lefebvre, H. (1991). *The Production of Space*. Oxford: Blackwell.
- Lupton, D. (2012). *Medicine as culture: Illness, disease and the body*. Sage.
- Murray, I.R., Murray, A.D., Wordie, S.J., Oliver, C.W., Murray, A.W., Simpson, A.H.R.W. (2017). Maximizing the impact of your work using infographics. *Bone & Joint Research*, 6, (11): 619-620. <https://doi.org/10.1302/2046-3758.611.BJR-2017-0313>
- Murphy, R. (1987) *The Body Silent*. London: W.W. Norton.
- Peters, G. (2016, October). Good crip. Bad crip!
https://mssinenomineblog.wordpress.com/2016/10/02/good-cripbad-crip/?blogsub=confirming#blog_subscription-3
- Smith, A. (2017). Animation or denigration? Using urban public spaces as event venues. *Event Management*, 21: 609–619.
- Spradley, J. P. (1979). *The ethnographic interview*. Long Grove Illinois: Waveland Press Inc.
- Tracy, S.J. (2010). Qualitative quality: Eight 'big tent' criteria for excellent qualitative research. *Qualitative inquiry*, 16(10): 837-851.
- Turner, V. (1969). *Ritual Process: Structure and Anti-Structure*. Cornell: University Press.
- Williams, T.L., Smith, B & Papathomas, A. (2018). Physical activity promotion for people with spinal cord injury: physiotherapists' beliefs and actions. *Disability and Rehabilitation*, DOI: 10.1080/09638288.2016.1242176

Appendices

Appendix A

Sport Medicine Professionals' Attitudes Regarding Athletes with Physical/Intellectual Impairment

Introduction

I think as humans we value the fastest runner on the planet. This means that usually elite male athletes get the most credit. Females and persons with disability are not viewed the same way (excerpt from data).

Historically, knowledge of disability has been the domain of medical and rehabilitation professionals. The medical model of disability is considered by contemporary scholars to be the dominant way that disability is understood in western society (Areheart, 2008). This model relies on normative categories of “disabled” and “abled” and on assumptions that bodily impairment and often illness equate to inability or disability. Medicalization of disability excludes the physical, social, and cultural obstacles to participation in everyday life, including play, physical activity and sport, and social exclusion. The International Paralympic Committee (IPC), with its mandate to “enable Para athletes to achieve sporting excellence” (www.ipc.org), continues to embrace a highly medicalized definition of disability defined as a biological impairment.

Research indicates that health care professionals with negative attitudes regarding people with disability are more likely to withhold or provide inferior treatment to persons with longstanding illness or permanent impairment (Hughes, 2000; Lupton; 2012; McArdle, Meade & Burrows, 2018). Interestingly, people with impairment, persistent illness, and elite athletes of all abilities often interact with health care professionals throughout the lifespan (Lupton, 2012). Athletes with physical impairment (PI) and/or intellectual impairment (II) depend heavily on sport medicine professionals, including physicians, physiotherapists, and athletic and massage therapists for the maintenance of general health, prevention of injury, and maximization of athletic high-performance.

Understanding the perspectives of sport medicine professionals regarding athletes with PI and/or II has the potential to influence the model for delivery of sport medicine services, impact the quality of the medical encounter for both athletes and health care professionals, and support athletic performance. Critical examination of the headspace of health care professionals regarding athletes with PI and/or II and relevant continuing education may broaden professional understandings of the benefits of physical activity and sport participation of persons with PI and/or II. Subsequently, increased contact with athletes with PI and/or II may cause sport medicine professionals to recommend physical activity and sport to people with PI and II. Currently, less than 1% of Canadians living with impairment, including an estimated 185,000 children, take part in organized sport (Canadian Heritage Sport Canada, 2008).

Literature Review

A summary of the origin of disability sport and its nexus with the medical profession is essential to contextualize the present research. This information informed the study and situates it within the existing literature.

Sport for people with hearing impairment, also known as Deaf sport, can be traced back to the 1900s as a by-product of the mass institutionalization of people with hearing impairment (Mason, 2012). By comparison, most disability sport scholars fix the birth of disability sport in the 1940s and acknowledge Dr. Ludwig Guttman as the founding father of disability sport (Mason, 2012). Following WWII, Dr. Guttman, a German neurologist, established The Stoke Mandeville Hospital in Great Britain and embraced sport as an integral rehabilitation practice for those with spinal cord injury. Guttman believed that sport was a powerful tool that enhanced both psychological and physiological recovery of severely injured service women and men. The International Stoke Mandeville Games became the foundation for international multi-sports competitions and today's Paralympic Games. Guttman secured almost complete medical authority of disability sport, authority that went uncontested into the late 1970s.

The practice of sport medicine is a unique sub-discipline within traditional medicine. Malcolm and Safai (2012) outlined a longstanding, dynamic relationship between sport

and medicine dating back to Herodotus, the mentor of Hippocrates (460-370 BC). Contemporary sport medicine does much that is “not medicine” (p. 3) including but not limited to: health maintenance of athletes/active people, development of ethical guidelines for fair play, organization of sporting events, oversight of drug and sex verification testing, construction of position statements to endorse safe and equitable sport participation, and optimization of elite performance using non-medical methods, including nutritional and psychological support. Because of sport medicine’s unique approach to practice, rooted simultaneously in the biology of the body and the social demands of sport, sport medicine professionals may be favourably positioned to impact greater equity and opportunity for play, physical activity, and sport for people living with PI and/or II (Malcom & Safai, 2012).

Methodology

Participants

Following approval of the Research Ethics Board of Western University in London, Ontario, participants were recruited through the Canadian Academy of Sport and Exercise Medicine (CASEM). CASEM membership is restricted to qualified Canadian physicians and medical students. However, attendance at CASEM sponsored events is open to allied sport medicine professionals including but not limited to physiotherapists, athletic therapists, massage therapists, dietitians, sport psychologists, and sport scientists. Practically speaking, the CASEM community represents diverse health care professionals whose interests include supporting physical activity across the lifespan and maximization of high-performance of elite athletes.

Recruitment

Registrants of the annual CASEM symposium were provided with an electronic Letter of Information regarding the study at the time of registration. Those registrants who chose to participate indicated their consent by clicking on a provided link. The link connected the participant to an electronic survey created with Qualtrics Survey Software.

Instrument

The data collection tool was a 20-question survey constructed by the researchers. The survey was composed of closed and open-ended questions regarding views and perceptions of athletes with a PI and/or II. Given the shortcomings of existing tools, the researchers chose to develop their own tool. Drawing on the existing literature, the researchers designed questions thoughtfully aligned with the purpose of the study. Survey questions were validated by a group of sport medicine professionals who did not participate in the study.

The researchers are aware of other validated survey instruments used to assess attitudes of healthcare students and professionals toward people with impairment including the Attitudes Toward Disabled Persons Scale (ATDP) (Lam, Gunkula, McGuigan, Isaiah, Symons & Akl, 2010; Paris, 1993) which has been most widely used. Though the ATDP Scale is valid and reliable (Lam et al, 2010) and strikes a relatively positive tone when describing people with physical disabilities, the ATDP Scale has been criticized for emphasizing differences between non-able-bodied and able-bodied people. The ATDP Scale was developed in the late 1960s and has been criticized for significant homogenization of people with disability.

Participant demographics including year of birth, profession, year of graduation with professional designation, and opportunity to identify as a person with PI and/or II or as a family member or close friend of a person with PI and/or II were gathered in the survey. Data regarding gender was not collected. The aim of the research was to consider experiences with and attitudes towards athletes with impairment, and to parse out data specific to athletes with PI and athletes with II. The open-ended questions explored participants' experiences with athletes with PI and/or II and were invited to share their assumptions regarding bodily impairment and athleticism. Participants could choose to answer any or all questions and could withdraw from the survey at any time.

Analysis

A total of 364 surveys were disseminated electronically at the time of registration for CASEM's annual symposium. A reminder was sent to the registrants the first day of the conference. One of the researchers addressed the conference attendees and encouraged their participation. As noted previously, 64 surveys were completed for a response rate of 17.5%.

Thematic analytic strategies informed by the work of Braun and Clark (2006) were used to determine dominant and recurrent themes within the qualitative data. The focus of analysis was two-fold: identification of catalysts for involvement with athletes with PI and/or II and obstacles that prevented professional involvement with this group of athletes. Descriptive statistics were generated based on the demographic information collected.

The qualitative thematic analysis was informed by a human rights-based approach to disability. Reaume (2014) reported in the Canadian Medical Association Journal (CMAJ) that this approach to impairment and disability challenges social assumptions that pathologize physical, mental and sensory difference and advocates for both accommodation and equality for disabled people in all areas of life. CDT recognizes that the experience of impairment is central to the lives of people with disabilities, and that disability is the product of social and political power relations.

Results and Relevant Context

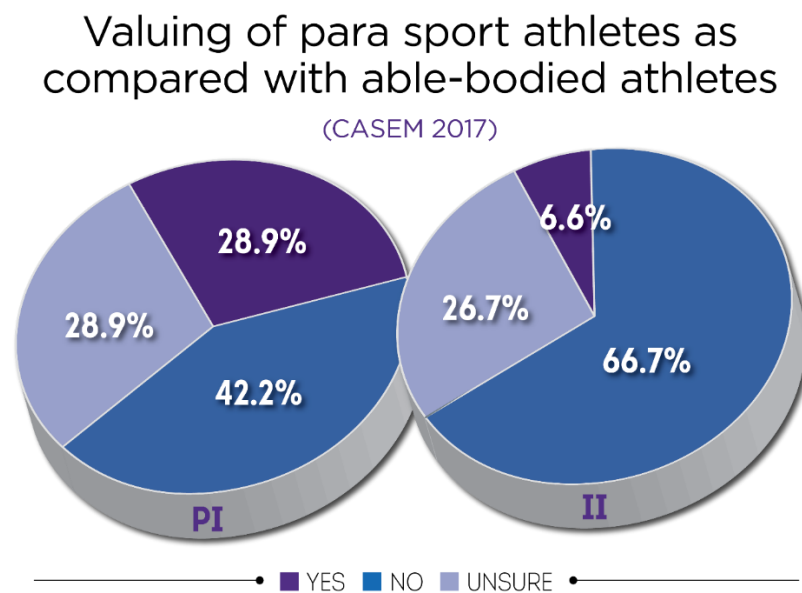
Table 1 summarizes participant demographics that were collected via the survey. Of interest, 36 of the 64 participants were physicians. This response rate is not surprising given that CASEM membership is exclusive to physicians. Physiotherapists were the second largest group of participants which aligns with leadership roles frequently assumed by physiotherapists at large scale sporting events. Most participants had worked with athletes with PI and/or II in the occupational/clinical setting; 50% of participants had experience with athletes with PI in the clinical setting; and 27% reported clinical interaction with athletes with II.

Table 2: Overview of Participant Characteristics and Involvement with Athletes with PI and II.

Table 1: Participant Characteristics	
Attribute	Participants
Profession	
Physician	36
Physiotherapist	9
Athletic Therapist	1
Physiatrist	2
Other	2
Age (in years)	
20-29	2
30-39	13
40-49	9
50-59	14
60-69	11
Professional Diploma Earned	
1970-79	2
1980-89	15
1990-99	11
2000-2009	10
2010-18	11
Worked with athletes with PD	
Yes	34
No	14
Interested but not at this time	

Figures 1 below illustrates participants' valuing of athletes with PI and/or II relative to able-bodied athletes and demonstrate significant marginalization of athletes with II. The questions posed to the survey participants were as follows: Do you value the athletic ability and accomplishments of athletes with PI in the same manner as athletes who do not have impairment? Do you value the athletic ability and accomplishments of athletes with II in the same manner as athletes who do not have impairment?

Figure 1: The Valuing of Athletes with PI and II as Compared with Able-Bodied Athletes



Several themes emerged based on the thematic analysis of the data. Four themes will be discussed given the relationship of these themes to purpose of the research.

The first two themes address the perspectives of sport medicine professionals regarding athletes with disability. The theme is called *inspirational athletes* and *athletes are athletes*. The other two themes generate unique knowledge regarding professional non-involvement with athletes with PI and/or II. These themes are called *insufficient resources* and *referral and challenges*.

The first theme *inspirational athletes* is a by-product of medicine's longstanding authority regarding impaired bodies and disability sport, most obviously witnessed in the

practice of disability sport classification. Within a medicalized approach to the body, the body is simply a biological organism and a preference for normal, healthy, able-bodied bodies is entrenched (Hughes, 2002). In the context of a medical model of disability, athletes with PI and/or II are celebrated for overcoming the biology of impairment. Being inspired by the achievements of athletes is a common experience for spectators of sport and consumers of sport media (Howe & Parker, 2012). However, athletes with PI and/or II are considered by some fans of sport to be even more inspirational than abled-bodied athletes. Athletic excellence, however, is not the source of inspiration but rather the athlete's willingness and self-motivation to overcome bodily impairment and the adversity of disability. This broadly held stereotype referred to as the supercrip framework of the inspirational athlete with PI and/or II marginalizes athleticism of high-performance athletes by highlighting the tragedy of impairment. The following excerpts support this theme:

Incredibly inspiring...low maintenance despite their injuries...much less self-centred than most able-bodied...

Athletes with impairment have "extra" barriers to overcome to succeed

I think I value those athletes with impairment more because of the obstacles they face and are willing to overcome

The second theme *athletes are athletes* presented throughout the dataset. When asked to contrast personal attitudes towards high-performance sport for athletes with PI and/or II with elite sport for athletes with impairment, language such as 'athletes are athletes,' 'same,' and 'sport is sport' was used:

They are same as with able-bodied. Their improvement and success. Recovery from their injury

Athletes are athletes. Regardless of their impairments.

They are athletes with a different sport, that's it. Same level of training and abilities.

Health care professionals have long espoused the benefits of physical activity and its impact on health (Thornton, Frémont, Khan, Poirier, Fowles, Wells & Frankovich, 2016). Over 14% of Canadians live with a disability and less than 1% of Canadians with disabilities are associated with national sport organizations (Canada Heritage Sport Canada, 2006). Historically, medical and rehabilitative professionals have considered disability sport as a rehabilitative opportunity both physically and psychosocially. However, they have not embraced competitive sport for people with impairment (Malcolm & Safai, 2012). The theme of *athletes are athletes* may indicate a shift in professional thinking.

The theme of *insufficient resources and referral* surprised the researchers and is potentially very informative. Significantly, it was dominant theme across the full dataset.

Insufficient financial resources, lack of community-based programming, and limited appropriate physical space and adaptive equipment have traditionally been the roadblocks to sporting participation for people with impairment. Such obstacles to physical activity and sport participation, in turn, explain the limited involvement of sport medicine professionals with this population of athletes. Lack of knowledge regarding disability sport and the medical complexities for this population of athletes have long been considered obstacles to professional involvement. A related idea is that the absence of referral of the athlete with PI and/or II to sport medicine professionals results in a cascade effect; limited referral leads to limited contact which leads to limited experience which leads to professional doubt regarding the needs of the population of athletes. An example of this cascade effect is seen in the excerpts from the data provided below:

Access and public appreciation and thus funding

Lack of financial resources compared to non-disabled athletes

Referral based practice so only see patients that are referred

Insufficient knowledge and confidence working with this category

Challenge of adapting treatment... dealing with equipment plus med supplies is onerous

The participants illustrated significant marginalization of athletes with II. The following statement captures this idea well:

Compliance and understanding of advice are a challenge when working with athletes with intellectual impairments. The personal attitude of many athletes with physical impairments still does not seem to equate the "elite athlete" thinking one sees with able-bodied athletes at the same level.

The final theme challenges led to insights as to why sport medicine professionals choose or choose not to engage professionally with athletes with PI and/or II. While elements of this theme intersect with *lack of resources and referrals* this theme was characterized by a uniquely distinct element: At the core of this theme is the assumption that athletes with impairment are incapable of elite athleticism. Highly medicalized education, informed by the medical model of disability, continues to perpetuate notions of flawed body and flawed performance (Howe, 2012). Other *challenges* included supporting high-performance of athletes with complex medical histories, increased time commitment, limited number of athletes, and opportunity to work with athletes with PI and/or II. Participant responses demonstrate these ideas:

The level of athletic abilities in II?

Difficult to assess their athletic disability i.e. good performance?

The challenge to make connection with them and make them feel they are athletes and humans just like the others.

Limitations

Though the survey response rate of 17.5% is considered acceptable, larger sample sizes are necessary to investigate and better understand the headspace and perceptions of sport medicine professionals regarding athletes with PI and II. The research did not explore possible associations between age, profession or duration of professional experience and participants' attitudes regarding athletes with PI and/or II. Participant experience of relevant continuing professional education is likewise an area not explored in the survey

and would be valuable to explore, to advance strategies for knowledge generation and translation regarding this population of athletes. Finally, further research is encouraged to examine more thoroughly than the scope of this research allowed, the experiences of health care professionals with people with PI and/or II.

Discussion

The findings indicated that the supercrip framework is alive and well and embedded in the headspace of some sport medicine professionals. The supercrip framework is clearly evident in the theme of *inspirational athletes* which indicates that athletes with impairment are inspirational and remarkable for overcoming the adversity of impairment. High-performance excellence is secondary in this narrative and, therefore, marginalized. If sport medicine professionals are unable to see impaired bodies fully capable of athletic excellence, the practice of sport medicine within disability sport will be also be marginalized.

However, if sport medicine professionals perceive high-performance athletes as simply athletes, perhaps these same professionals will more broadly endorse physical activity and sport for people with impairment during everyday clinical practice. *Athletes are athletes* indicates a shift away from the medical model of disability and the sporting narrative that the only celebrated athlete is male, white, and able-bodied. Again, it is important to re-iterate the substantial marginalization of athletes with II.

There is much anecdotal evidence regarding why sport medicine professionals do not participate in para sport. Insufficient knowledge of the needs of athletes with PI and/or II and the lack of opportunity to be involved are consistently cited by CASEM members and non-physician sport medicine professionals as barriers to involvement. In response, CASEM has constructed and delivered continuing education courses specifically focused on the athlete with impairment and offered mentorship for professionals desiring greater involvement. In a recent study of participation of physicians in continuing professional development published in *Academic Medicine*, a positive relationship between participation in continuing education and mentorship activities and physician performance in practice was reported, providing evidence for regulators, certifying

bodies, and education providers which require or promote participation in continuing professional development activities (Wenghofer, Marlow, Campbell, Carter, Cam, McCauley & Hill, 2014). Additionally, as equity and inclusion awareness continues to grow across Canada, it will be incumbent on those who establish accreditation standards for health professional programs to ensure that people who live with impairment are valued by their health care providers, and that these professionals understand the significance of physical activity and sport participation in the lives of this population of people. Similarly, interprofessional education defined two or more professions learning with, from, and about each other to improve the lives of those entrusted to them for care is suggested as an important strategy in advancing knowledge and eliminating obstacles regarding participation in sport for persons who live with impairment and the potential of sport in their lives (Canadian Association of Schools of Nursing, 2012). Inter-professionalism, however, is a challenging goal to achieve and may only take hold when the overseeing accreditation bodies for health professional programs mandate this requirement to entry into practice programs. Nursing is an example of a professional program required by the Canadian Association Schools of Nursing to ensure that interprofessional education exists in undergraduate curricula. While the requirement has existed since 2012, various challenges remain in terms of the implementation and evaluation of the requirement at the programmatic level (Donato, Lightfoot, Carter & MacEwan, 2016)

Finally, the emphasis in the study on *lack of resources* including monetary resources and essential infrastructure available for multiple and diverse sporting opportunities for athletes with impairment is significant. Lam et al (2007) identified barriers to participation in physical activity and sport in the community in relation to children with disabilities. Perceived barriers to the participation of parents of these children include the built environment, government health policies and funding, and the socioeconomic status of a child's family. The positive impact of physical activity on the physical, social and mental health of people with a disability is well documented (Canadian Heritage Sport Canada). Similarly, 70% of children with a disability want to play more sport (Spring, 2013). However, if children with impairment cannot enjoy physical play, move easily in the built world, and take part in gym class, it is highly unlikely that rehabilitation

professionals, let alone sport medicine professionals, will see these children in clinical practice. *Lack of referral* to sport medicine professionals may be compounded by the fact that less than 1% of Canadians living with impairment are enrolled in organized sport (Canadian Heritage Sport Canada, 2006).

Conclusions

“...rather than break the spirit of a disabled person, who simply cannot compete adequately, it may be that recreational pursuits are often preferable...”

(as cited by Malcom & Safai, 2012, p. 84.)

This excerpt is taken from The International Olympic Committee’s Handbook of Sport Medicine published in 1978. Written 40 years ago, this statement foreshadowed the history of the attitudes of sport medicine professionals regarding athletes with impairment and high-performance sport from 1978 to the present day.

Health care professionals play a significant role in lives of people with disability. When members of the sport medicine community reflect many of the same values of the general population regarding athletes with PI and II (Lupton, 2012), there is limited positive opportunity for the athlete with disability. Medicalized notions regarding impaired bodies and impaired performance de-value the athletic accomplishments of the non-able-bodied athlete, most significantly the athlete with II. The Olympic motto of faster, higher, stronger continues to dominate assumptions regarding high-performance sport. It is important for health care professionals, specifically those involved with the practice of sport medicine, to reflect critically on their personal and professional assumptions regarding disability and sport. Through reflection and relevant education both in professional programs and continuing education contexts, health care professionals will recognize and harness the health and social benefits of participation in active living and sport for Canadians with impairment and better meet the needs of high-performance athletes of all abilities.

References

- Areheart, B.A. (2008). When disability isn't just right: the entrenchment of the medical model of disability and the goldilocks dilemma. *Indiana Law Journal*: 83-181.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2): 77-101.
- Canadian Association of Schools of Nursing [CASN]. CASN Accreditation Program: Updates to key elements and interpretations. 2012. Unpublished addendum to CASN Accreditation Standards. CASN, Ottawa, ON.
- Canada Heritage Sport Canada. Policy on Sport for Persons with a Disability. Retrieved from www.pch.gc.ca/pgm/sc/pol/spt/tdm-eng.cfm.
- Canadian Heritage Sport Canada. (2006). Sport Participation Strategy, 2008-2012. Retrieved from www.pch.gc.ca/pgm/sc/pubs/part/105-eng.cfm.
- Donato, E., Lightfoot, N., Carter, L., & MacEwan, L. (2016). Interprofessional education in Canadian nursing programs and implications for continuing education. *Journal of Professional, Continuing, and Online Education*, 1(1).
- Howe, D., Parker, A. (2012). Celebrating imperfection: sport, disability and celebrity culture. *Celebrity Studies*, 270-282.
- Hughes, B. (2000). Medicine and the Aesthetic Invalidation of Disabled People. *Disability and Society*, 15(4): 555-568.
- International Paralympic Committee. www.ipc.org
- Lam, W.Y., Gunkula, S., McGuigan, D., Isaiah, N., Symons, A., Akl, E. Validate instruments used to measure attitudes of healthcare students and professionals towards patients with physical disability: a systematic. *Journal of Neuroengineering and Rehabilitation*, 7 (55).
- Law M., Petrenchik T., King G., & Hurley P. (2007). Perceived environmental barriers to recreational, community, and school participation for children and youth with physical disabilities. *Archives of Physical Medicine and Rehabilitation*, 88: 1636-1642. doi: 10.1016/j.apmr.2007.07.035.
- Lupton, D. (2012). *Medicine as Culture: Illness, Disease and the Body in Western Societies*. 3rd ed. London, UK: Sage.
- Mason, F. (2012). From rehabilitation patients to rehabilitating athletes. In Malcom, D., & Safai, P. (Eds). *The Social Organization of Sports Medicine: Critical Socio-Cultural Perspectives*. London, UK: Routledge.
- McArdle, S., Meade, M., Burrows, E. (2010). Service providers' attitudes toward athletes with eating disorders. *Clinical Journal of Sport Medicine*, 2: 51-55.
- Paris, M.J. (1993). Attitudes of medical students and health-care professionals toward people with disabilities. *Archives of Physical Medicine and Rehabilitation*, 74: 818- 825.

- Reaume, G. (2014). Understanding critical disability studies. *Canadian Medical Association*, 186(16): 1248-1249, DOI: <https://doi.org/10.1503/cmaj.141236>.
- Spring, E. (2013). English Federation of Disability Sport. EFDS Report Disabled People's Lifestyle Survey Understanding disabled people's lifestyles in relation to sport. Retrieved from <http://www.efds.co.uk/assets>.
- Thornton, J., Frémont, P., Khan, K., Poirier, P., Fowles, J., Wells, G., & Frankovich, R. (2016). Physical activity prescription: a critical opportunity to address a modifiable risk factor for the prevention and management of chronic disease: a position statement by the Canadian Academy of Sport and Exercise Medicine. *British Journal of Sport Medicine*, 1-6.
- Wenghofer, E., Marlow, B., Campbell, C., Carter, L., Kam, S., McCauley, W., & Hill, L. (2014). Physician participation in continuing professional development programs and performance in practice: Evidence of positive predictive value. *Academic Medicine*, 89(6): 920-927.

Appendix B: LOI



LETTER OF INFORMATION AND REQUEST FOR PARTICIPATION

Research Title: Telling Stories: Intersections of Paralympic Bodies with Sport, Medicine and Disability

Principal Investigator: Dr. Laura Misener

This research study is being conducted by Nancy Quinn and Dr. Laura Misener (Western University, Ontario, Canada). You may retain this letter of information for your records. If you have any questions or concerns about the research, please contact Nancy Quinn at 1-xxx-xxx-xxxx or by email at xxx@uwo.ca

PURPOSE OF THE STUDY

The purpose of this research is to collect first-person stories of Canadian Paralympic athletes regarding their relationships with medical professionals and their personal experiences of sport and disability.

PROCEDURES

We are asking you to take part in a brief interview at the Gold Coast Commonwealth Games. The interview will be conducted in person and will take a maximum of 45 minutes. You will be asked questions about your sport, your disability and your experiences of medical professionals during and outside of competition. Your interview will be audio-recorded. If you do not consent to audio-recording, written notes will be taken.

POTENTIAL RISKS AND DISCOMFORTS

There is limited risk to participation and the focus of the research is not intended to address sensitive issues. Participants can withdraw consent at any time. If the researcher (s) suspects participants under the age of 18 have been victimized, she will contact the appropriate authorities. Should participants experience trauma or discomfort they will be given information for the Canadian Mental Healthline at 1-xxx-xxx-xxxx.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

You will have the opportunity to reflect on your experience as elite para-sport athlete; as athlete, as person with a disability, and recipient of health care services. Your participation will provide insight regarding medical encounters of para-sport athletes and contribute to a growing body of knowledge regarding the experience of athletes with impairment.

CONFIDENTIALITY

Participation in the research project is entirely voluntary and anonymous. No personal information will be collected connecting you to the study and its results. Representatives of Western University Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

PARTICIPATION AND WITHDRAWAL

Written consent will be obtained from you prior to participation in the interview. Once you have completed the interview, your information cannot be removed as we are unable to personally connect your data to you.

RIGHTS OF RESEARCH PARTICIPANTS

You do not waive any rights by agreeing to participate in this research. If you have questions regarding your rights as a research participant, contact: Research Ethics Office, Western University at ethics@uwo.ca, 1-xxx-xxx-xxxx.

PUBLICATIONS

The results of this research will be written in the form of a published report and other outputs. i.e. scholarly articles, abstract presentations, academic seminars. By participating in the research, you are consenting to have your anonymous data included in the published reports.

Dr. Laura Misener

Nancy Quinn PhD (c)

Principal Investigator

Co-Investigator

Appendix C: Recruitment Poster



Are you an athlete with a disability?

We want to talk to YOU about your experiences with medical professionals



Telling Stories: Intersections of Paralympic Bodies with Sport, Medicine and Disability

- Participation is voluntary
- A short interview will be arranged at a time/place that is convenient to you
- Questions will focus on your experience of medical encounters as athlete and person with disability

For more information or schedule an interview, please contact:

Dr. Laura Misener
Western University
London, Ontario

Nancy Quinn
Western University
London, Ontario


Western
UNIVERSITY • CANADA

Appendix D



Written Consent for Participation in a Research Interview

Telling Stories: Intersections of Paralympic Bodies with Sport, Medicine and Disability

Principal Investigator: Dr. Laura Misener
Western University, London, Canada
xxx@uwo.ca
1-xxx-xxx-xxxx

Co-Investigator: Nancy Quinn
Western University, London, Canada
xxxx@uwo.ca
1-xxx-xxx-xxxx

I have read the Letter of Information and have had the nature of the study explained to me. All questions have been answered to my satisfaction.

I agree to participate in a research project led by Dr. Laura Misener and Nancy Quinn from University of Western, London, Ontario, Canada.

My participation as an interviewee in this project is voluntary. There is no explicit or implicit coercion whatsoever to participate.

If I have questions as a research participant, I can contact: Research Ethics Office, University of Western Ontario at xxx@uwo.ca. (1-xxx-xxx-xxxx)

I agree to be audio- recorded during the interview.

YES NO

If I choose not to allow audio recording of the interview, I agree to allow the researcher (s) to take written notes during the interview.

YES NO

I consent to the use of unidentified quotes obtained during the research in the dissemination of the research findings.

YES NO

I have been given a copy of this consent form co-signed by the interviewer.

_____	_____	_____
Print Name of Participant	Signature	<i>Date</i>

My signature indicates that I have explained the study to the participant named above and have answered all questions.

_____	_____	_____
Print Name of Researcher	Signature	<i>Date</i>

Was the participant assisted during the consent process?

YES NO

If **YES**, please check the relevant box and complete the signature space below:

The person signing below acted as a translator for the participant during the consent process and attests that the study as set out in this form was accurately translated and has had any questions answered.

_____	_____	_____
Print Name of Translator	Signature	Date

Language

Appendix E

18/07/06

Summary of Gold Coast 2018 Games Issues for CGF

The Para Sport Athlete Perspective

1. Athletes with greater mobility impairment i.e. athletes using elbow crutches and/or using less contemporary wheelchairs, identified distance and uphill grade to dining hall (DH) and transport mall as problematic.
2. Classification is a historically contentious issue for para-sport athletes and remains so. Athletes identified shrinking opportunity for athletes with greater impairment. Classification is also problematic for spectators. Insufficient, absent or conflicting information regarding classification leaves the media and spectators confused, and potentially disinterested in para sport events.
3. Almost unanimously athletes expressed frustration with the Games by the Games inconsistent selection of para- sport and events. Social perception of para sport as non-elite sport is only heightened by the inability to build high-performance capacity when there is uncertainty as to inclusion in competition schedule.
4. Athletes were critical of the inclusion of para-tri as an event. Para-tri affords a competitive opportunity for athletes with greater impairment but excludes athletes from lower resource countries due to cost/access to equipment. The limited number of competitors and countries suggests that selection of para-sport needs to be re-considered.
*Fencing at para tri needs to shorter or eliminated for spectators to see athletes on the bike/run course.
5. Pools in *The Village* did allow for athletes with mobility impairments to ‘play’ in the water. Seated athletes expressed frustration with lack of easy access due to height/awkward location of latch on pool gate.
6. Athletes indicated that outdoor social spaces were accessible and welcoming.ie. piano spaces, casual dining. Indoor social spaces including the Games Lounge and DH should be constructed with greater input from people with impairment to ensure the same. Athletes identified the DH with ‘too many chairs’ or lack of tables without chairs as problematic.

7. Athletes valued the integrated model of these Games. However, some Games volunteers were ignorant of the para-sport schedule and others required anti-ableist training. Consideration of the built environment and support services for spectators with impairment, both sensory and mobility, is essential to this model.
8. Athletes suggested that CWG host a 'marketplace' where athletes and lower resource countries could purchase/exchange equipment with higher resource athletes/countries

Appendix F: Ethics Approval



Research Ethics

Western University Non-Medical Research Ethics Board NMREB Delegated Initial Approval Notice

Principal Investigator: Dr. Laura Misener

Department & Institution: Health Sciences/Kinesiology, Western University

NMREB File Number: 109536

Study Title: Telling Stories: Intersections of Paralympic Bodies with Sport, Medicine and Disability

NMREB Initial Approval Date: September 15, 2017

NMREB Expiry Date: August 01, 2019

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Revised Letter of Information & Consent	With Observation	2017/08/19
Revised Letter of Information & Consent	Without Observation	2017/08/15
Revised Letter of Information & Consent	Written Consent Form	2017/08/15
Recruitment Items	Email Script	2017/08/15
Recruitment Items	Poster	2017/08/15
Instruments	Survey	2017/06/30
Instruments	Online Survey	2017/07/22
Other	Telephone Script Verbal Consent	2017/07/22
Instruments	Interview Guide	2017/07/22
Revised Western University Protocol	Revisions of Western Protocol Clean Copy	2017/07/22

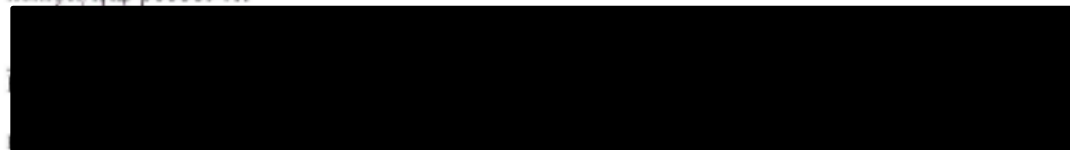
The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number: IRB 00000941.



Curriculum Vitae

Name:	Nancy Quinn
Post-secondary Education and Degrees:	<p>Queen's University Kingston, Ontario, Canada 1983-1987 B.Sc.PT.</p> <p>University of Toronto Toronto, Ontario, Canada 2004-2007 M.Sc.</p> <p>The University of Western Ontario London, Ontario, Canada 2016-2020 Ph.D.</p>
Honours:	<p>Queen Elizabeth II Diamond Jubilee Medal Toronto, Ontario, Canada 2012 In recognition of contributions to the Paralympic movement in Canada.</p> <p>Difference Maker Rick Hansen Foundation Barrie, Ontario, Canada 2012 In recognition of contribution to sport for Canadians with physical impairment.</p>
Related Work Experience:	<p>University of Toronto Toronto, Ontario, Canada 2004-2016 Community Instructor</p> <p>Canadian Paralympic Committee Ottawa, Ontario, Canada Changing Minds Changing Lives Program 2013-2015 Presenter</p>

Sport Physiotherapy Canada
Ottawa, Ontario, Canada
2006-2012
Education Chair

Para Pan Am Games
Toronto, Ontario, Canada
2015
Medical Lead, Athletics

Paralympic Games
London, United Kingdom
2012
Chief Therapist, Canadian Medical Team

Pan American Games
Guadalajara, Mexico
2011
Chief Therapist, Canadian Medical Team

Paralympic Games
Beijing, China
2008
Chief Therapist, Canadian Medical Team

Paralympic Games
Torino, Italy
2006
Chief Therapist of the Canadian Medical Team

Paralympic Games
Salt Lake City, Utah, United States
2002
Chief Therapist of the Canadian Medical Team

Paralympic Games
Sydney, Australia
2000
Member of the Canadian Medical Team

Paralympic Games
Atlanta, Georgia, United States
1996
Member of the Canadian Medical Team

Publications and Abstracts in Copyrighted Conference Proceedings:

Quinn, N., Misener, L. & Howe, P.D. (2019). Too Many Chairs: Spatiality and Disability in Integrated Sporting Spaces. *Sociology of Sport Journal*. (under editorial review).

Quinn, N., Misener, L. & Howe, P.D. (2019). “Too Many Chairs at the Table”: The Athlete Perspective of Inclusion/Exclusion. Paper presented at *VISTA (International Paralympic Committee Conference)*, Amsterdam, Netherlands. (abstract and oral presentation).

Quinn, N. & Misener, L. (2019). Sport Medicine Professionals: Gatekeepers to Para Sport and Physical Activity. *Clinical Journal of Sport Medicine*, Vol 29 (3), doi: 10.1097/JSM.0000000000000746.

Quinn, N. & Misener, L. (2018). The Athlete Village: Pianos, Pools, and the Pub. Paper presented at the *North American Society for Sport Sociology* conference, Vancouver, Canada. (abstract and oral presentation).

Quinn, N. & Misener, L. (2018). Managing Para-Athletes Experience and Engagement with Sport Medicine in Large Scale Sport Events. Paper presented at the *European Association of Sport Management*, Malmo, Sweden. (abstract and oral presentation).

Quinn, N. & Misener, L. (2017). Reflections of the intersection of sport medicine and athletes with physical impairment. *Clinical Journal of Sport Medicine*, Vol 27 (3). doi: 10.1097/JSM.0000000000000441.

Quinn, N. & Misener, L. (2017). Paralympic Pedagogy: Understanding the Culture of Paralympic Sport. Paper presented at the *North American Society for the Sociology of Sport*, November 2, Windsor, ON. (abstract and oral presentation)

Quinn, N. & Misener, L. (2017). Let me hear your body talk: Narratives of sport physiotherapy and Paralympic bodies. Paper presented at *VISTA (International Paralympic Committee Conference)*, Toronto, ON. (abstract and oral presentation)

Quinn, N. & Yoshida, K. (2016). More than sport: Representations of ability and gender by the Canadian Broadcasting Corporation (CBC) of the 2004 Summer Paralympic Games. *Canadian Journal of Disability Studies*, 5(4).
<http://cjds.uwaterloo.ca/index.php/cjds/article/view/316>.